

HEALTH/DENTAL INSURANCE RATES 2026-27

Board Pays 90% of the Lowest Cost Health Insurance Plan

Better Together HMO		24 pays	18 pays
	FTE		
SINGLE HEALTH	1	\$45.52	\$60.69
	0.90	\$86.48	\$115.31
	0.88	\$94.68	\$126.24
	0.81	\$123.35	\$164.47
	0.8	\$127.45	\$169.93
	0.75	\$147.93	\$197.24
	0.5	\$250.35	\$333.80
Better Together HMO		24 pays	18 pays
	FTE		
FAMILY HEALTH	1	\$102.42	\$136.56
	0.90	\$194.59	\$259.46
	0.88	\$213.03	\$284.04
	0.81	\$277.55	\$370.07
	0.8	\$286.77	\$382.36
	0.75	\$332.86	\$443.81
	0.5	\$563.29	\$751.06

Partners HMO & Connections PPO		24 pays	18 pays
	FTE		
SINGLE HEALTH	1	\$66.62	\$88.82
	0.90	\$107.58	\$143.44
	0.88	\$115.77	\$154.37
	0.81	\$144.45	\$192.60
	0.8	\$148.55	\$198.06
	0.75	\$169.03	\$225.37
	0.5	\$271.45	\$361.93
Partners HMO & Connections PPO		24 pays	18 pays
	FTE		
FAMILY HEALTH	1	\$149.88	\$199.83
	0.90	\$242.05	\$322.73
	0.88	\$260.49	\$347.31
	0.81	\$325.01	\$433.34
	0.8	\$334.23	\$445.63
	0.75	\$380.31	\$507.09
	0.5	\$610.75	\$814.34

Delta Dental		24 pays	18 pays
	FTE		
SINGLE DENTAL	1	\$2.90	\$3.87
	0.90	\$5.51	\$7.35
	0.88	\$6.03	\$8.05
	0.81	\$7.86	\$10.48
	0.8	\$8.12	\$10.83
	0.75	\$9.43	\$12.57
	0.5	\$15.96	\$21.27
Delta Dental		24 pays	18 pays
	FTE		
FAMILY DENTAL	1	8.04	10.71
	0.90	15.27	20.36
	0.88	16.71	22.29
	0.81	21.78	29.03
	0.8	22.50	30.00
	0.75	26.12	34.82
	0.5	44.20	58.93

Vision	FULL Cost of Coverage COBRA
Single	\$10.22
Family	\$25.45

Life	Employee Cost with 50% Board Pay on basic coverage only
Basic	\$0.07 per \$1,000 of coverage
Optional Purchase	\$0.17 per \$1,000 of coverage
Dependent Option 1	\$2 per month
Dependent Option 2	\$4 per month
Dependent Option 3	\$8 per month

Short Term Disability	
Weekly Benefit Amount	Monthly Cost
\$147.00	\$10.08
\$175.00	\$11.76
\$224.00	\$15.10
\$273.00	\$18.48
\$301.00	\$20.16
\$357.00	\$24.08
\$420.00	\$28.00
\$462.00	\$30.80
\$504.00	\$33.60