WASHINGTON COUNTY PUBLIC SCHOOLS

FULL TIME EMPLOYEES

INSURANCE RATES FOR JULY 1, 2026 - JUNE 30, 2027

Full Time	Employee Coverage Tier	EE 20 Deductions	EE 26 Deductions	Employee Monthly	WCPS Monthly	Employee Monthly LOA	Employee Yearly	WCPS Yearly
Medical / Rx In and Out of Network	Employee Only	$113.32	$87.17	$188.87	$1,070.29	$1,259.16	$2,266.49	$12,843.44
	Employee + Spouse	$226.65	$174.34	$377.75	$2,140.56	$2,518.31	$4,532.96	$25,686.76
	Employee + Child(ren)	$173.61	$133.55	$289.36	$1,639.68	$1,929.04	$3,472.27	$19,676.20
	Employee + Family	$286.95	$220.73	$478.25	$2,710.10	$3,188.35	$5,739.04	$32,521.23
Medical / Rx In Network Only	Employee Only	$94.94	$73.03	$158.23	$996.72	$1,154.95	$1,898.73	$11,960.60
	Employee + Spouse	$190.94	$146.88	$318.24	$2,004.68	$2,322.92	$3,818.88	$24,056.18
	Employee + Child(ren)	$145.45	$111.88	$242.41	$1,526.99	$1,769.40	$2,908.90	$18,323.92
	Employee + Family	$240.39	$184.92	$400.66	$2,523.84	$2,924.50	$4,807.86	$30,286.02
Dental	Employee Only	$2.71	$2.09	$4.52	$25.63	$30.15	$54.28	$307.58
	Employee + Spouse	$5.43	$4.17	$9.04	$51.25	$60.29	$108.53	$615.03
	Employee + Child(ren)	$5.83	$4.49	$9.72	$55.10	$64.82	$116.68	$661.18
	Employee + Family	$11.47	$8.82	$19.11	$108.29	$127.40	$229.32	$1,299.48
Vision	Employee Only	$2.61	$2.00	$4.34	$4.34	$8.68	$52.11	$52.11
	Employee + Spouse	$4.73	$3.64	$7.88	$7.88	$15.76	$94.51	$94.51
	Employee + Child(ren)	$4.96	$3.82	$8.27	$8.27	$16.54	$99.22	$99.22
	Employee + Family	$7.65	$5.89	$12.75	$12.75	$25.50	$153.04	$153.04

Supplemental Life, Voluntary AD&D, Dependent Life, Long Term Disability			
Coverage Type	**Cost**		
Basic Term Life Insurance	No cost to employees. 1x annual salary rounded to next higher $1,000		
Basic accidental death and dismemberment (AD&D)	No cost to employees. 1x annual salary rounded to next higher $1,000		
Supplemental life insurance 1x, 2x, or 3x annual base salary rounded to the next higher $1,000	Cost is .234 per thousand per month Calculation - Annual salary (rounded to the next higher $1,000) divided by 1,000 x .234 x 12 divided by the number of deductions (20 or 26)		
Voluntary accidental death and dismemberment Coverage of $50,000, $100,000 or $200,000	12 month pay 26 Deductions	10 month pay 20 Deductions	Monthly Rate
$50,000	$0.46	$0.60	$1.00
$100,000	$0.92	$1.20	$2.00
$200,000	$1.85	$2.40	$4.00
Dependent Life Insurance Spouse $10,000 Child(ren) $5,000	26 Deductions $1.36	20 Deductions $1.77	Monthly Rate $2.95
Long Term Disability (LTD) Up to 60% of earnings can be paid if approved	**Educational Support Personnel (ESP)** Will pay 100% of the premium but their pay will be increased in the amount of 100% of the premium. **Teachers** Pays 100% of the premium but their pay will be increased in the amount of 75% of the premium Annual salary x.180% x .25 divided by the number of deductions (20 or 26) **Administrators and Supervisors** 25% of the total premium cost deducted from their pay		

Full time = 30 or more hours per week

Rates may vary slightly due to system rounding.