WASHINGTON COUNTY PUBLIC SCHOOLS
PART-TIME EMPLOYEES
INSURANCE RATES FOR JULY 1, 2026 - JUNE 30, 2027

		Half Time Teachers & ESP		Employees Working 15-19 hours per week	
	Employee Coverage Tier	**20 Deductions**	**26 Deductions**	**Medical - Monthly Den/Vis 20 deductions**	**Monthly Cost of Coverage / LOA**
Medical / Rx In and Out of Network	Employee Only	$377.75	$290.58	$1,259.16	$1,259.16
	Employee + Spouse	$755.49	$581.15	$2,518.31	$2,518.31
	Employee + Child(ren)	$578.71	$445.16	$1,929.04	$1,929.04
	Employee + Family	$956.51	$735.77	$3,188.35	$3,188.35
Medical / Rx In Network Only	Employee Only	$346.48	$266.53	$1,154.95	$1,154.95
	Employee + Spouse	$696.89	$536.06	$2,322.92	$2,322.92
	Employee + Child(ren)	$530.82	$408.32	$1,769.40	$1,769.40
	Employee + Family	$877.35	$674.88	$2,924.50	$2,924.50
Dental	Employee Only	$9.05	$6.96	$18.09	$30.15
	Employee + Spouse	$18.09	$13.91	$36.17	$60.29
	Employee + Child(ren)	$19.45	$14.96	$38.89	$64.82
	Employee + Family	$38.22	$29.40	$76.44	$127.40
Vision	Employee Only	$2.61	$2.00	$5.21	$8.68
	Employee + Spouse	$4.73	$3.63	$9.46	$15.76
	Employee + Child(ren)	$4.96	$3.82	$9.92	$16.54
	Employee + Family	$7.65	$5.89	$15.30	$25.50

BASIC LIFE, SUPPLEMENTAL LIFE, BASIC AD&D, VOLUNTARY AD&D, & DEPENDENT LIFE INSURANCE			
Coverage Type	**Cost**		
Basic Term Life Insurance 1x Annual salary rounded to the next higher $1,000 ($10,000 Minimum)	Calculation - Annual Salary (rounded to the next higher $1,000) divided by 1,000 x .099 x 12 divided by the number of deductions (20 or 26)		
Basic Accidental Death & Dismemberment (AD&D) 1x Annual salary rounded to the next higher $1,000	Calculation - Annual Salary (rounded to the next higher $1,000) divided by the number of deductions (20 or 26) divided by 1,000 x .016 x 12		
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)		
Dependent Life Insurance Spouse $10000 Child(ren) $5,000	26 Deductions $1.36	20 Deductions $1.77	Monthly Rate $2.95
Voluntary Accidental Death & Dismemberment (VADD) 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

Part time = 15-29 hours per week

EMPLOYEES WORKING 15-19 HOURS WEEKLY
Medical premiums will not be payroll deducted. Employees will be billed seperately for medical/rx premiums on a monthly basis.
Dental and Vision premiums will be payroll deducted.

All rates may vary slightly due to system rounding