BELLEVUE PUBLIC SCHOOLS
HEALTH CARE OPTIONS
2026-27

District Annual Health Insurance Contribution = $10,248

BLUE CROSS/BLUE SHIELD PPO - **$0 Deductible Alternative Network** EMPLOYEE COST PER MONTH
$1200 Deductible Traditional Network - Network Blue

Employee health with employee dental	$116.43
Employee health with employee & child(ren) dental	$166.44
Employee health with employee & spouse dental	$181.18
Employee health with employee, spouse & child(ren) dental	$223.57
Employee & child(ren) health with employee dental	$891.24
Employee & child(ren) health with employee & child(ren) dental	$941.25
Employee & child(ren) health with employee, spouse & child(ren) dental	$998.38
Employee & spouse health with employee dental	$1,119.11
Employee & spouse health with employee & spouse dental	$1,183.86
Employee & spouse health with employee, spouse & child(ren) dental	$1,226.25
Employee, spouse & children health with employee dental	$1,775.22
Employee, spouse & children health with employee & child(ren) dental	$1,825.23
Employee, spouse & children health with employee & spouse dental	$1,839.97
Employee, spouse & children health with employee, spouse & child(ren) der	$1,882.36

BLUE CROSS/BLUE SHIELD PPO DENTAL
(Covers Plans A, B, C, 50% D)

Employee	$58.84
Employee & Child(ren)	$108.85
Employee & Spouse	$123.59
Employee, Spouse & Child(ren)	$165.98

For specific plan information, visit: http://www.ehaplan.org

ENROLLMENT NOTIFICATION

Newly hired employees have an open enrollment period of 30 days from the date of hire. Failure to enroll during that period will result in exclusion until an open enrollment period or a life changing event occurs.

SECTION 125 IMPLEMENTATION

Eligible employees will be permitted to utilize the Section 125 plan to maintain eligible benefits.

EXCEL: BC-BS RATES2627/lm