

Health/Vision and Dental Insurance Rates

CLERICAL

July 1, 2026

BlueCross BlueShield								
Health Plans		Copay Plan		ACA Plan		HSA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$3,400		
Single Monthly Rate		\$1,136.54		\$672.11		\$849.08		
Family Monthly Rate		\$3,180.71		\$1,941.91		\$2,414.02		
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
CLERICAL-10 Month, Full-Time (Hired before 8/7/92)			^		^			^
SINGLE	\$730.12	\$406.42	\$304.82	\$0.00	\$0.00	\$803.13	\$45.95	\$34.46
FAMILY	\$1,713.86	\$1,466.85	\$1,100.14	\$228.05	\$171.04	\$1,885.25	\$528.77	\$396.58
CLERICAL-10 Month Full-Time (Hired after 8/7/92)			^		^			^
SINGLE	\$730.12	\$406.42	\$304.82	\$0.00	\$0.00	\$803.13	\$45.95	\$34.46
FAMILY	\$1,439.64	\$1,741.07	\$1,305.80	\$502.27	\$376.70	\$1,439.64	\$974.38	\$730.79
CLERICAL-11 Month Full-Time (Hired before 8/7/92)			^		^			^
SINGLE	\$730.12	\$406.42	\$304.82	\$0.00	\$0.00	\$803.13	\$45.95	\$34.46
FAMILY	\$1,713.86	\$1,466.85	\$1,100.14	\$228.05	\$171.04	\$1,885.25	\$528.77	\$396.58
CLERICAL-11 Month, Full-Time (Hired after 8/7/92)			^		^			^
SINGLE	\$730.12	\$406.42	\$304.82	\$0.00	\$0.00	\$803.13	\$45.95	\$34.46
FAMILY	\$1,576.75	\$1,603.96	\$1,202.97	\$365.16	\$273.87	\$1,576.75	\$837.27	\$627.95
CLERICAL-12 Month, Full-Time			x		x			x
SINGLE	\$730.12	\$406.42	\$203.21	\$0.00	\$0.00	\$803.13	\$45.95	\$22.98
FAMILY	\$1,713.86	\$1,466.85	\$733.43	\$228.05	\$114.03	\$1,885.25	\$528.77	\$264.39

Delta Dental			
Single/Family Monthly Rate		\$106.30	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
Clerical Part Time			
Single or Family	\$64.37	\$41.93	\$31.45
CLERICAL-10 Month Full-Time (Hired after 8/7/92)			
Single or Family	\$91.48	\$14.82	\$11.12
CLERICAL-11 Month Full-Time (Hired after 8/7/92)			
Single or Family	\$100.19	\$6.11	\$4.58
CLERICAL-Full Time, 12 Month, 11 Month and 10 Month (Hired before 8/7/92)			
Single or Family	\$106.30	\$0.00	\$0.00

PAYROLL DEDUCTIONS: ^ October-May = 16 payroll deductions

PAYROLL DEDUCTIONS: x July-June = 24 payroll deductions

HSA Contribution: Where applicable, District contributions to the HSA will be the surplus of the District Contribution compared to the health plan rate.

Based on the July 2026 health rates and District Contribution amounts, **there is not a District Contribution towards the HSA account for either single or family coverage.**