

Health/Vision and Dental Insurance Rates
ACA ELIGIBILITY
July 1, 2026

BlueCross BlueShield					
Health Plans		Copay Plan		ACA Plan	
Office Visit Copay		\$35		-	
Individual Deductible		\$400		\$6,400	
Single Monthly Rate		\$1,125.22		\$660.79	
Family Monthly Rate		\$3,156.42		\$1,917.62	

	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
SINGLE	\$528.79	\$596.43	\$447.32	\$132.00	\$99.00
FAMILY	\$528.79	\$2,627.63	\$1,970.72	\$1,388.83	\$1,041.62

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions

***Dental benefit is not available**