Alexandria City Public Schools

Health Insurance Rates
Effective July 1, 2026

	Monthly Premium*	Full Time Employee - Your Cost Per Pay Period		Part Time Employee - Your Cost Per Pay Period	
		Licensed Employee & Administrator	Support Employee	Licensed Employee & Administrator	Support Employee
Medical Plans					
Kaiser HMO					
Employee Only	$ 807.58	$ 100.95	$ 60.57	$ 181.71	$ 141.33
Employee + 1 Dependent	$ 1,548.70	$ 193.59	$ 116.15	$ 348.46	$ 271.02
Family	$ 2,150.91	$ 268.86	$ 161.32	$ 483.95	$ 376.41
United Healthcare POS					
Employee Only	$ 1,150.69	$ 143.84	$ 86.30	$ 258.91	$ 201.37
Employee + 1 Child	$ 2,209.92	$ 276.24	$ 165.74	$ 497.23	$ 386.74
Employee + Spouse	$ 2,209.92	$ 276.24	$ 165.74	$ 497.23	$ 386.74
Family	$ 3,070.42	$ 383.80	$ 230.28	$ 690.84	$ 537.32
Qualified Health Plan with Health Savings Account					
Employee Only	$ 1,035.61	$ 103.56	$ 77.67	$ 207.12	$ 181.23
Employee + 1 Child	$ 1,988.94	$ 198.89	$ 149.17	$ 397.79	$ 348.06
Employee + Spouse	$ 1,988.94	$ 198.89	$ 149.17	$ 397.79	$ 348.06
Family	$ 2,763.38	$ 276.34	$ 207.25	$ 552.68	$ 483.59
Dental Plan - CareFirst					
Employee Only	$ 47.93	$ 11.50	$ 11.50	$ 14.86	$ 14.86
Employee + 1 Dependent	$ 78.09	$ 18.74	$ 18.74	$ 24.21	$ 24.21
Family	$ 125.68	$ 30.16	$ 30.16	$ 38.96	$ 38.96
Vision Plan - EyeMed					
Employee Only	$ 6.34	$ 3.17	$ 3.17	$ 3.17	$ 3.17
Employee + 1 Dependent	$ 12.05	$ 6.03	$ 6.03	$ 6.03	$ 6.03
Family	$ 17.70	$ 8.85	$ 8.85	$ 8.85	$ 8.85

*** COBRA Rates**

Full time employee regularly working 30 hours or more a week
Part time employee regularly working 20 to 29 hours a week
Employee per pay deduction based on 24 pays

Alexandria City Public Schools

Health Insurance Rates

Effective July 1, 2026

	Monthly Premium*	Full Time Support Employee	Full TimeSupport Employee	Part Time Support Employee	Part Time Support Employee
		24 Pay Periods	20 Pay Periods	24 Pay Periods	20 Pay Periods
		Summer Pays	No Summer Pays	Summer Pays	No Summer Pays
Medical Plans					
Kaiser HMO					
Employee Only	$ 807.58	$ 60.57	$ 72.68	$ 141.33	$ 169.59
Employee + 1 Dependent	1,548.70	116.15	139.38	271.02	325.23
Family	2,150.91	161.32	193.58	376.41	451.69
United Healthcare POS					
Employee Only	$ 1,150.69	$ 86.30	$ 103.56	$ 201.37	$ 241.64
Employee + Child	2,209.92	165.74	198.89	386.74	464.08
Employee + Spouse	2,209.92	165.74	198.89	386.74	464.08
Family	3,070.42	230.28	276.34	537.32	644.79
Qualified Health Plan with Health Savings Account					
Employee Only	$ 1,035.61	$ 77.67	$ 93.20	$ 181.23	$ 217.48
Employee + Child	1,988.94	149.17	179.00	348.06	417.68
Employee + Spouse	1,988.94	149.17	179.00	348.06	417.68
Family	2,763.38	207.25	248.70	483.59	580.31
Dental Plan - CareFirst					
Employee Only	$ 47.93	$ 11.50	$ 13.80	$ 14.86	$ 17.83
Employee + 1 Dependent	78.09	18.74	22.49	24.21	29.05
Family	125.68	30.16	36.20	38.96	46.75
Vision Plan - EyeMed					
Employee Only	$ 6.34	$ 3.17	$ 3.80	$ 3.17	$ 3.80
Employee + 1 Dependent	12.05	6.03	7.23	6.03	7.23
Family	17.70	8.85	10.62	8.85	10.62

*** COBRA Rates**

Full time employee regularly working 30 hours or more a week

Part time employee regularly working 20 to 29 hours a week