



BUCKEYE LOCAL SCHOOLS
HEALTH INSURANCE - MONTHLY EMPLOYEE COST
 Effective 2026-27



	MEDICAL		DENTAL		VISION	
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY
ADMINISTRATIVE	\$ 256.97	\$ 642.40	\$ 10.46	\$ 31.35	\$ 1.59	\$ 4.05
BLEA - FULL-TIME	\$ 212.00	\$ 610.28	\$ 8.63	\$ 29.78	\$ 1.31	\$ 3.85
BLEA - 0.5 FTE	\$ 748.41	\$ 1,870.98	\$ 30.47	\$ 91.31	\$ 4.63	\$ 11.81
OAPSE - FULL TIME	\$ 192.72	\$ 562.09	\$ 7.85	\$ 27.43	\$ 1.19	\$ 3.55
OAPSE - 5.0-5.99 HRS/DAY	\$ 282.66	\$ 786.94	\$ 11.51	\$ 38.40	\$ 1.75	\$ 4.97
OAPSE - 4.99 HRS OR LESS	\$ 411.15	\$ 1,108.14	\$ 16.74	\$ 54.08	\$ 2.54	\$ 6.99
PRESCHOOL AIDE (4 DAYS/WK)	\$ 338.34	\$ 915.41	\$ 13.77	\$ 44.67	\$ 2.09	\$ 5.78

LIFE
EMPLOYER PAID
\$50,000 This is an Employer Paid Benefit.
All Buckeye Employees receive this \$50,000 Coverage at No Cost to the Employee.

Additional Voluntary Term Life Insurance can be purchased, as well.

**PLEASE NOTE MONTHLY DEDUCTIONS ARE WITHHELD FROM YOUR PAYCHECK ONE MONTH IN ADVANCE OF COVERAGE.
 THIS MEANS IN JULY YOU ARE PAYING FOR AUGUST COVERAGE.**

YOUR DEDUCTIONS ARE DIVIDED OVER THE TWO PAYS EACH MONTH.

DISTRICT OPEN ENROLLMENT TAKES PLACE IN MAY.

PLEASE REMEMBER THIS IS YOUR ONLY OPPORTUNITY TO CHANGE YOUR ELECTIONS WITHOUT A QUALIFYING EVENT.

IF YOU HAVE ANY QUESTIONS REGARDING BENEFITS OR ANY OF THE INFORMATION ABOVE, PLEASE CONTACT ROBYN WATSON AT x1011.