

Health/Vision and Dental Insurance Rates
NUTRITION SERVICES
July 1, 2026

BlueCross BlueShield			
Health Plans	Copay Plan	ACA Plan	Nutrition Services VEBA Plan
Office Visit Copay	\$35	-	-
Individual Deductible	\$400	\$6,400	\$1,350
Single Monthly Rate	\$1,136.54	\$672.11	\$1,121.15
Family Monthly Rate	\$3,180.71	\$1,941.91	\$3,059.29

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
NUTRITION SERVICES (hired before 3/1/93)								
SINGLE	\$636.00	\$500.54	\$375.41	\$36.11	\$27.08	\$636.00	\$485.15	\$363.86
FAMILY	\$1,413.00	\$1,767.71	\$1,325.78	\$528.91	\$396.68	\$1,413.00	\$1,646.29	\$1,234.72

NUTRITION SERVICES (hired after 3/1/93)								
SINGLE	\$566.00	\$570.54	\$427.91	\$106.11	\$79.58	\$735.80	\$385.35	\$289.01
FAMILY	\$1,258.00	\$1,922.71	\$1,442.03	\$683.91	\$512.93	\$1,635.40	\$1,423.89	\$1,067.92

Delta Dental			
Single/Family Monthly Rate		\$106.30	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
Single or Family	\$64.37	\$41.93	\$31.45

VEBA CONTRIBUTION		
	Monthly	Annually
SINGLE	\$112.50	\$1,350.00
FAMILY	\$225.00	\$2,700.00

PAYROLL DEDUCTIONS: October-May = 16 payroll deductions