

Health/Vision and Dental Insurance Rates

TEACHERS

July 1, 2026

BlueCross BlueShield								
Health Plans		Copay Plan		ACA Plan		Teacher VEBA Plan		
Office Visit Copay		\$35		-		-		
Individual Deductible		\$400		\$6,400		\$2,200		
Single Monthly Rate		\$1,136.54		\$672.11		\$1,070.25		
Family Monthly Rate		\$3,180.71		\$1,941.91		\$2,900.69		

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
SINGLE (.5 FTE and above)	\$730.12	\$406.42	\$203.21	\$0.00	\$0.00	\$846.00	\$224.25	\$112.13
FAMILY (.75 FTE and above)	\$1,713.86	\$1,466.85	\$733.43	\$228.05	\$114.03	\$1,935.00	\$965.69	\$482.85
FAMILY (.70 FTE to .74 FTE)	\$1,199.70	\$1,981.01	\$990.50	\$742.21	\$371.10	\$1,354.50	\$1,546.19	\$773.10
FAMILY (.65 FTE to .69 FTE)	\$1,114.01	\$2,066.70	\$1,033.35	\$827.90	\$413.95	\$1,257.75	\$1,642.94	\$821.47
FAMILY (.6 FTE to .64 FTE)	\$1,028.32	\$2,152.39	\$1,076.20	\$913.59	\$456.80	\$1,161.00	\$1,739.69	\$869.85
FAMILY (.55 FTE to .59 FTE)	\$942.62	\$2,238.09	\$1,119.04	\$999.29	\$499.64	\$1,064.25	\$1,836.44	\$918.22
FAMILY (.5 FTE to .54 FTE)	\$856.93	\$2,323.78	\$1,161.89	\$1,084.98	\$542.49	\$967.50	\$1,933.19	\$966.60

Delta Dental			
Single/Family Monthly Rate		\$106.30	
EMPLOYEE GROUP	DISTRICT CONTRIBUTION PER MONTH	EMPLOYEE'S COST PER MONTH	PAYROLL DEDUCTIONS
TEACHERS .5 FTE and Greater			
Single or Family	\$106.30	\$0.00	\$0.00

PAYROLL DEDUCTIONS: August 31 - May 15 = 24 payroll deductions

VEBA Plan: Effective July 1, 2026 contributions to the VEBA trust account is 80% of deductible.

Single coverage: \$1,760 annual contribution
Based on monthly contribution of \$146.67
July 2026-Deposit of \$550
Aug 2026 to June 2027-Deposit of \$110/month

Family coverage: \$3,520 annual contribution
Based on monthly contribution of \$293.33
July 2026-Deposit of \$1,100
Aug 2026 to June 2027-Deposit of \$220/month