

2026/2027 MONTHLY PREMIUMS 12-MONTH EMPLOYEES

Premiums are calculated per month. The amount under the "Employee" column is what the employee pays per month. The amount under the "District" column is the amount District II pays for your benefits per month.

BELOW RATES EFFECTIVE July 1, 2026

MEDICAL- Kaiser 1500 Buy-Up Plan	EMPLOYEE COST-Monthly	DISTRICT COST-Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$211.92	\$635.77	\$847.69
EMPLOYEE + SPOUSE	\$558.03	\$1,302.06	\$1,860.09
EMPLOYEE + CHILD(REN)	\$460.12	\$1,073.61	\$1,533.73
EMPLOYEE + FAMILY	\$731.21	\$1,706.16	\$2,437.37
MEDICAL- Kaiser 4000 Base Plan	EMPLOYEE COST-Monthly	DISTRICT COST-Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$108.46	\$635.77	\$744.23
EMPLOYEE + SPOUSE	\$329.00	\$1,302.06	\$1,631.06
EMPLOYEE + CHILD(REN)	\$271.59	\$1,073.61	\$1,345.20
EMPLOYEE + FAMILY	\$430.53	\$1,706.16	\$2,136.69
DELTA DENTAL PPO +PREMIER GROUP #1563	EMPLOYEE COST-Monthly	DISTRICT COST-Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$13.43	\$40.28	\$57.30
EMPLOYEE + FAMILY	\$70.63	\$40.28	\$110.09
DELTA DENTAL PPO IN- NETWORK ONLY GROUP #9098	EMPLOYEE COST-Monthly	DISTRICT COST-Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$8.44	\$25.31	\$33.75
EMPLOYEE + FAMILY	\$53.18	\$25.31	\$78.49
EYEMED VISION #9764168	EMPLOYEE COST-Monthly	DISTRICT COST-Monthly	TOTAL MONTHLY PREMIUM
EMPLOYEE ONLY	\$1.37	\$4.18	\$5.55
EMPLOYEE + FAMILY	\$11.15	\$4.18	\$15.33