

2026/2027 MONTHLY PREMIUMS TEACHERS ONLY – MEDICAL

Insurance premiums will be prorated for all **teachers** working less than 6 hours a day. If your hours fall into one of the categories listed below, the insurance rates will be pro-rated. See example below.

A teacher working 3 1/2 hours a day will be .41% of full-time. The District shares 75% of the health insurance premium for the full-time employee (FTE). Therefore, the district will share .50% of the 75% for a 3 1/2-hour teacher. Less than 3 1/2 hours a day are not eligible for benefits.

BELOW RATES EFFECTIVE July 1, 2026

	.75-1.0 FTE 90-100%	.71- .74 FTE 80%	.61- .70 FTE 70%	.51- .60 FTE 60%	.41- .50 FTE 50%
MEDICAL– Kaiser 1500 Buy Up Plan	EMPLOYEE COST				
EMPLOYEE ONLY	\$211.92	\$339.08	\$402.65	\$466.23	\$529.81
EMPLOYEE + SPOUSE	\$558.03	\$818.44	\$948.65	\$1,078.85	\$1,209.06
EMPLOYEE + CHILD(REN)	\$460.12	\$674.84	\$782.20	\$889.56	\$996.92
EMPLOYEE + FAMILY	\$731.21	\$1,072.44	\$1,243.06	\$1,413.67	\$1,584.29

	.75-1.0 FTE 90-100%	.71- .74 FTE 80%	.61- .70 FTE 70%	.51- .60 FTE 60%	.41- .50 FTE 50%
MEDICAL– Kaiser 4000 Base Plan	EMPLOYEE COST				
EMPLOYEE ONLY	\$108.46	\$235.61	\$299.19	\$362.77	\$426.35
EMPLOYEE + SPOUSE	\$329.00	\$589.41	\$719.62	\$849.82	\$980.03
EMPLOYEE + CHILD(REN)	\$271.59	\$486.31	\$593.67	\$701.03	\$808.40
EMPLOYEE + FAMILY	\$430.53	\$771.76	\$942.38	\$1,112.99	\$1,283.61

2026/2027 MONTHLY PREMIUMS TEACHERS ONLY – DENTAL & VISION

Insurance premiums will be prorated for all **teachers** working less than 6 hours a day. If your hours fall into one of the categories listed below, the insurance rates will be pro-rated. See example below.

A teacher working 3 1/2 hours a day will be .41% of full-time. The District shares 75% of the health insurance premium for the full-time employee (FTE). Therefore, the district will share .50% of the 75% for a 3 1/2-hour teacher. Less than 3 1/2 hours a day are not eligible for benefits.

BELOW RATES EFFECTIVE July 1, 2026

	.75-1.0 FTE 90-100%	.71- .74 FTE 80%	.61- .70 FTE 70%	.51- .60 FTE 60%	.41- .50 FTE 50%
DELTA DENTAL PPO +PREMIER GROUP #1563	EMPLOYEE COST				
EMPLOYEE ONLY	\$13.43	\$21.48	\$25.51	\$29.54	\$33.56
EMPLOYEE + FAMILY	\$70.63	\$78.68	\$82.71	\$86.74	\$90.76

	.75-1.0 FTE 90-100%	.71- .74 FTE 80%	.61- .70 FTE 70%	.51- .60 FTE 60%	.41- .50 FTE 50%
DELTA DENTAL PPO IN NETWORK ONLY GROUP #9098	EMPLOYEE COST				
EMPLOYEE ONLY	\$8.44	\$13.50	\$16.03	\$18.56	\$21.09
EMPLOYEE + FAMILY	\$53.18	\$58.24	\$60.77	\$63.30	\$65.83

	.75-1.0 FTE 90-100%	.71- .74 FTE 80%	.61- .70 FTE 70%	.51- .60 FTE 60%	.41- .50 FTE 50%
EYEMED VISION #9764168	EMPLOYEE COST				
EMPLOYEE ONLY	\$1.37	\$2.21	\$2.62	\$3.04	\$3.46
EMPLOYEE + FAMILY	\$11.15	\$11.99	\$12.40	\$12.82	\$13.24