

Excel Academy Charter School Full-time Employees, Medical Plan Contributions 2026-27				
Plan	Total Premium Cost	Employer Contribution	Excel Flex Contribution	Your Cost
Surest Plan				
Employee Only	\$1,038.02	600.00	\$215.00	\$223.02
Employee & Spouse	\$2,076.02	600.00	\$215.00	\$1,261.02
Employee & Child(ren)	\$1,972.21	600.00	\$215.00	\$1,157.21
Family	\$2,802.62	600.00	\$215.00	\$1,987.62
United Healthcare \$4,000 HDHP				
Employee Only	\$1,101.59	600.00	\$215.00	\$286.59
Employee & Spouse	\$2,203.18	600.00	\$215.00	\$1,388.18
Employee & Child(ren)	\$2,093.01	600.00	\$215.00	\$1,278.01
Family	\$2,974.28	600.00	\$215.00	\$2,159.28
Kaiser HDHP II (\$4,000)				
Employee Only	\$599.78	599.78	\$0.00	\$0.00
Employee & Spouse	\$1,199.62	600.00	\$215.00	\$384.62
Employee & Child(ren)	\$1,139.64	600.00	\$215.00	\$324.64
Family	\$1,619.52	600.00	\$215.00	\$804.52
Kaiser HDHP I (\$2,500)				
Employee Only	\$697.10	600.00	\$97.10	\$0.00
Employee & Spouse	\$1,394.21	600.00	\$215.00	\$579.21
Employee & Child(ren)	\$1,324.50	600.00	\$215.00	\$509.50
Family	\$1,882.04	600.00	\$215.00	\$1,067.04
Kaiser DHMO (\$1,500)				
Employee Only	\$807.05	600.00	\$207.05	\$0.00
Employee & Spouse	\$1,614.10	600.00	\$215.00	\$799.10
Employee & Child(ren)	\$1,533.40	600.00	\$215.00	\$718.40
Family	\$2,179.04	600.00	\$215.00	\$1,364.04

Excel Academy Charter School Full/Part-Time Employees, Dental Plan Contributions 2026-2027				
Plan	Total Premium Cost	Employer Contribution	Excel Flex Contribution	Your Cost
Delta Dental PPO				
Employee Only	\$40.81	\$0.00	\$40.81	\$0.00
Employee & Spouse	\$81.63	\$0.00	\$81.63	\$0.00
Employee & Child(ren)	\$81.63	\$0.00	\$81.63	\$0.00
Family	\$122.44	\$0.00	\$81.63	\$40.81
Delta Dental Plus Plan				
Employee Only	\$53.48	\$0.00	\$40.81	\$12.67
Employee & Spouse	\$106.96	\$0.00	\$81.63	\$25.33
Employee & Child(ren)	\$106.96	\$0.00	\$81.63	\$25.33
Family	\$160.43	\$0.00	\$81.63	\$78.80

Excel Academy Charter School Full/Part-Time Employees, Vision Plan Contributions 2026-2027				
Plan	Total Premium Cost	Employer Contribution	Excel Flex Contribution	Your Cost
Employee Only	\$9.68	\$0.00	\$9.68	\$0.00
Employee & Spouse	\$19.37	\$0.00	\$19.37	\$0.00
Employee & Child(ren)	\$19.37	\$0.00	\$19.37	\$0.00
Family	\$29.05	\$0.00	\$19.37	\$9.68

(1) Full-time employee, for benefit purposes only, is defined as those whose combined hours assigned to standard hour jobs, equal 30 or more hours per week.

(2) Part-time employee, for benefit purposes only, is defined as those whose combined hours assigned to standard hour jobs, are above 20 and less than 30 hours per week.