Dudley-Charlton Regional School District
Insurance Rates 60/40 PPO, 70/30 split (unless otherwise noted)
Effective 7/1/26 - 6/30/27

Individual		Family
Individual	**HPHC PPO $300/$600 Deductible 60/40 split Access America (AA 300) Group # 180371**	Family
$ 1,515.80	Full Monthly Premium	$ 3,838.02
$ 909.48	***Monthly Employer/DCRSD Share***	***$ 2,302.81***
$ 727.58	Monthly Employee Share (20 Pays)	$ 1,842.25
$ 606.32	Monthly Employee Share (24 Pays)	$ 1,535.21
$ 363.79	Bi-Weekly (20 Pays)	$ 921.12
$ 303.16	Bi-Weekly (24 Pays)	$ 767.60
$ 757.90	Monthly Retiree Rate 50/50	$ 1,919.01
$ 1,546.12	Monthly COBRA Rate	$ 3,914.78

Individual	**HPHC EPO $300/$600 Deductible Access America Value (AAV 300) Group # 180372**	**Family**
$ 1,128.30	Full Monthly Premium	$ 2,871.88
$ 789.81	***Monthly Employer/DCRSD Share***	***$ 2,010.32***
$ 406.19	Monthly Employee Share (20 Pays)	$ 1,033.88
$ 338.49	Monthly Employee Share (24 Pays)	$ 861.56
$ 203.09	Bi-Weekly (20 Pays)	$ 516.94
$ 169.25	Bi-Weekly (24 Pays)	$ 430.78
$ 564.15	Monthly Retiree Rate 50/50	$ 1,435.94
$ 1,150.87	Monthly COBRA Rate	$ 2,929.32

Individual	**HPHC EPO $1000/$2000 Deductible Access America Value (AAV 1000) Group # 180373**	**Family**
$ 1,009.54	Full Monthly Premium	$ 2,574.23
$ 706.68	***Monthly Employer/DCRSD Share***	***$ 1,801.96***
$ 363.43	Monthly Employee Share (20 Pays)	$ 926.72
$ 302.86	Monthly Employee Share (24 Pays)	$ 772.27
$ 181.72	Bi-Weekly (20 Pays)	$ 463.36
$ 151.43	Bi-Weekly (24 Pays)	$ 386.13
$ 504.77	Monthly Retiree Rate 50/50	$ 1,287.12
$ 1,029.73	Monthly COBRA Rate	$ 2,625.71

Individual	**Altus Dental Low Plan Group # 2895-0001**	**Family**
$ 44.64	Full Monthly Premium	$ 122.74
$ 31.25	***Monthly Employer/DCRSD Share***	***$ 85.92***
$ 16.07	Monthly Employee Share (20 Pays)	$ 44.19
$ 13.39	Monthly Employee Share (24 Pays)	$ 36.82
$ 8.04	Bi-Weekly (20 Pays)	$ 22.09
$ 6.70	Bi-Weekly (24 Pays)	$ 18.41
$ 22.32	Monthly Retiree Rate 50/50	$ 61.37
$ 45.53	Monthly COBRA Rate	$ 125.19

Retiree Dental Low Plan Group # 2896-0001

Individual	Altus Dental High Plan Group #2895-0002	Family
$ 57.04	Full Monthly Premium	$ 160.19
$ 31.25	***Monthly Employer/DCRSD Share Low plan***	***$ 85.92***
$ 30.95	Monthly Employee Share (20 Pays)	$ 89.12
$ 25.79	Monthly Employee Share (24 Pays)	$ 74.27
$ 15.47	Bi-Weekly (20 Pays)	$ 44.56
$ 12.90	Bi-Weekly (24 Pays)	$ 37.14
$ 34.72	Monthly Retiree Rate 50/50	$ 98.82
$ 58.18	Monthly COBRA Rate	$ 163.39

Retiree Dental High Plan Group # 2896-0002

Individual	Altus Vision Group # 2895-9001	Family
$ 5.06	Full Monthly Premium 100%	$ 17.24
$ 6.07	Monthly Employee Share (20 Pays)	$ 20.69
$ 5.06	Monthly Employee Share (24 Pays)	$ 17.24
$ 3.04	Bi-Weekly (20 Pays)	$ 10.34
$ 2.53	Bi-Weekly (24 Pays)	$ 8.62
$ 5.06	Monthly Retiree Rate 100%	$ 17.24
$ 5.16	Monthly COBRA Rate	$ 17.58

Retiree Vision Group # 2896-9001

	Symetra Life Ins Basic Policy 01-020377-00	Vol. Policy
$ 6.10	Full Monthly Premium $10,000 policy	
$ 4.26	***Monthly Employer/DCRSD Share***	
$ 2.20	Monthly Employee Share (20 Pays)	
$ 1.84	Monthly Employee Share (24 Pays)	
$ 1.10	Bi-Weekly (20 Pays)	
$ 0.92	Bi-Weekly (24 Pays)	
$ 1.53	Monthly Retiree Rate 50/50 $5,000 policy	

RETIREE 65+ ONLY

1/1/2026	Aetna Medicare Advantage Plan	Group # 467555
$ 555.61	Full Monthly Premium	Rx # RXAETD
$ 277.81	Monthly Retiree Rate 50/50	Aetna 1-888-267-2637

May and June deductions for those on 20 pay deduction schedule
will reflect any cost changes for new plan year effective July 1

**** Renews January 1st of each year, RetireeFirst (833) 217-5312 (age 65+ retiree advocates)**
Retireefirst (833) 217-5312 (65+ retiree advocates)