

COOPERATIVE EDUCATIONAL SERVICES
INSURANCE PREMIUM RATES
EFFECTIVE 07/01/2026 - 06/30/2027

CIGNA MEDICAL COVERAGE CLASS	AGENCY MONTHLY PREMIUM COST	EMPLOYEE MONTHLY COST	10 MONTH STAFF DEDUCTION FOR 20 PAYS	12 MONTH STAFF DEDUCTION FOR 24 PAYS
EMPLOYEE	\$1,181.16	\$271.67	\$163.01	\$135.84
EMPLOYEE + CHILD(REN)	\$2,435.04	\$560.06	\$336.04	\$280.03
EMPLOYEE + SPOUSE	\$2,719.95	\$625.59	\$375.36	\$312.80
FAMILY	\$3,477.38	\$799.80	\$479.88	\$399.90
CIGNA DENTAL COVERAGE CLASS				
EMPLOYEE	\$46.27	\$10.64	\$6.39	\$5.32
EMPLOYEE + DEPENDENTS	\$120.51	\$27.72	\$16.64	\$13.86

NOTE #1: Employees who work less than 1.0 FTE but more than 30 hours per week may choose to participate in medical and dental insurance coverages but will be responsible for a pro-rated insurance cost.

NOTE #2: The deductible for Individual Employee Coverage is \$2,250.

The deductible for Employee + Child(ren); Employee + Spouse; and for Family Coverage is \$4,500.