

SUPPORT STAFF
Full & Part Time
SY 2026-2027

BENEFIT RATE SHEET

Medical Insurance

First Deduction = October 2, 2026
Based on 20 biweekly payroll deductions

31-40 HOURS	Monthly Premium	Annual Premium	District Share	Employee Share	Employee Deductions
<u>Anthem Choice Plus</u>		SY 26/27	92%	8%	
Single	1,176.01	14,112.12	12,983.15	1,128.97	56.45
Adult w/Child(ren)	2,081.29	24,975.48	22,977.44	1,998.04	99.90
2 Adults	2,650.52	31,806.24	29,261.74	2,544.50	127.22
Family	3,226.03	38,712.36	35,615.37	3,096.99	154.85
<u>Anthem Standard</u>					
Single	1,269.94	15,239.28	12,983.15	2,256.13	112.81
Adult w/Child(ren)	2,247.77	26,973.24	22,977.44	3,995.80	199.79
2 Adults	2,862.55	34,350.60	29,261.74	5,088.86	254.44
Family	3,484.12	41,809.44	35,615.37	6,194.07	309.70
21-30 HOURS	Monthly Premium	Annual Premium	District Share	Employee Share	Employee Deductions
<u>Anthem Choice Plus</u>		SY 26/27	78%	22%	
Single	1,176.01	14,112.12	11,007.45	3,104.67	155.23
Adult w/Child(ren)	2,081.29	24,975.48	19,480.87	5,494.61	274.73
2 Adults	2,650.52	31,806.24	24,808.87	6,997.37	349.87
Family	3,226.03	38,712.36	30,195.64	8,516.72	425.84
<u>Anthem Standard</u>					
Single	1,269.94	15,239.28	11,007.45	4,231.83	211.59
Adult w/Child(ren)	2,247.77	26,973.24	19,480.87	7,492.37	374.62
2 Adults	2,862.55	34,350.60	24,808.87	9,541.73	477.09
Family	3,484.12	41,809.44	30,195.64	11,613.80	580.69
20 HOURS	Monthly Premium	Annual Premium	District Share	Employee Share	Employee Deductions
<u>Anthem Choice Plus</u>		SY 26/27	53%	47%	
Single	1,176.01	14,112.12	7,479.42	6,632.70	331.63
Adult w/Child(ren)	2,081.29	24,975.48	13,237.00	11,738.48	586.92
2 Adults	2,650.52	31,806.24	16,857.31	14,948.93	747.45
Family	3,226.03	38,712.36	20,517.55	18,194.81	909.74
<u>Anthem Standard</u>					
Single	1,269.94	15,239.28	7,479.42	7,759.86	387.99
Adult w/Child(ren)	2,247.77	26,973.24	13,237.00	13,736.24	686.81
2 Adults	2,862.55	34,350.60	16,857.31	17,493.29	874.66
Family	3,484.12	41,809.44	20,517.55	21,291.89	1,064.59

Minimum of 20 working hours per week is required to be eligible for benefits
Standard Plan - Employees who choose Standard coverage will be required to pay the difference between the Choice Plus District Share and Standard Premiums.

DOMESTIC PARTNERS:
 Employee pays 100% of the Single monthly premium

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Dental Insurance

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MSMA Plan A (with orthodontia for dependents under age 19)

31-40 Hours / 52 Weeks	Monthly Premium	Annual Premium	District Share	Emp Share	Emp Deductions
Single	44.20	530.40	503.88	26.52	1.33
Adult w/Child	81.76	981.12	503.88	477.24	23.86
2 Adults	96.60	1,159.20	503.88	655.32	32.77
Family	144.74	1,736.88	503.88	1,233.00	61.65
31-40 Hours / 44 Weeks					
Single	44.20	530.40	428.30	102.10	5.11
Adult w/Child	81.76	981.12	428.30	552.82	27.64
2 Adults	96.60	1,159.20	428.30	730.90	36.55
Family	144.74	1,736.88	428.30	1,308.58	65.43
31-40 Hours / 36 Weeks					
Single	44.20	530.40	347.68	182.72	9.14
Adult w/Child	81.76	981.12	347.68	633.44	31.67
2 Adults	96.60	1,159.20	347.68	811.52	40.58
Family	144.74	1,736.88	347.68	1,389.20	69.46

21-30 Hours / 52 Weeks	Monthly Premium	Annual Premium	District Share	Emp Share	Emp Deductions
Single	44.20	530.40	377.91	152.49	7.62
Adult w/Child	81.76	981.12	377.91	603.21	30.16
2 Adults	96.60	1,159.20	377.91	781.29	39.06
Family	144.74	1,736.88	377.91	1,358.97	67.95
21-30 Hours / 44 Weeks					
Single	44.20	530.40	322.48	207.92	10.40
Adult w/Child	81.76	981.12	322.48	658.64	32.93
2 Adults	96.60	1,159.20	322.48	836.72	41.84
Family	144.74	1,736.88	322.48	1,414.40	70.72
21-30 Hours / 36 Weeks					
Single	44.20	530.40	262.02	268.38	13.42
Adult w/Child	81.76	981.12	262.02	719.10	35.96
2 Adults	96.60	1,159.20	262.02	897.18	44.86
Family	144.74	1,736.88	262.02	1,474.86	73.74

20 Hours / 52 Weeks	Monthly Premium	Annual Premium	District Share	Emp Share	Emp Deductions
Single	44.20	530.40	251.94	278.46	13.92
Adult w/Child	81.76	981.12	251.94	729.18	36.46
2 Adults	96.60	1,159.20	251.94	907.26	45.36
Family	144.74	1,736.88	251.94	1,484.94	74.25
20 Hours / 44 Weeks					
Single	44.20	530.40	216.67	313.73	15.69
Adult w/Child	81.76	981.12	216.67	764.45	38.22
2 Adults	96.60	1,159.20	216.67	942.53	47.13
Family	144.74	1,736.88	216.67	1,520.21	76.01
20 Hours / 36 Weeks					
Single	44.20	530.40	176.36	354.04	17.70
Adult w/Child	81.76	981.12	176.36	804.76	40.24
2 Adults	96.60	1,159.20	176.36	982.84	49.14
Family	144.74	1,736.88	176.36	1,560.52	78.03

Minimum of 20 working hours per week is required to be eligible for benefits

DOMESTIC PARTNERS:
Employee pays 100% of the Single monthly premium

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MSMA Plan B (no orthodontia benefit)

31-40 Hours / 52 Weeks	Monthly Premium	Annual Premium	District Share	Emp Share	Emp Deductions
Single	44.20	530.40	503.88	26.52	1.33
Adult w/Child	79.97	959.64	503.88	455.76	22.79
2 Adults	96.60	1,159.20	503.88	655.32	32.77
Family	127.81	1,533.72	503.88	1,029.84	51.49
31-40 Hours / 44 Weeks					
Single	44.20	530.40	428.30	102.10	5.11
Adult w/Child	79.97	959.64	428.30	531.34	26.57
2 Adults	96.60	1,159.20	428.30	730.90	36.55
Family	127.81	1,533.72	428.30	1,105.42	55.27
31-40 Hours / 36 Weeks					
Single	44.20	530.40	347.68	182.72	9.14
Adult w/Child(ren)	79.97	959.64	347.68	611.96	30.60
2 Adults	96.60	1,159.20	347.68	811.52	40.58
Family	127.81	1,533.72	347.68	1,186.04	59.30
21-30 Hours / 52 Weeks					
Single	44.20	530.40	377.91	152.49	7.62
Adult w/Child	79.97	959.64	377.91	581.73	29.09
2 Adults	96.60	1,159.20	377.91	781.29	39.06
Family	127.81	1,533.72	377.91	1,155.81	57.79
21-30 Hours / 44 Weeks					
Single	44.20	530.40	322.48	207.92	10.40
Adult w/Child	79.97	959.64	322.48	637.16	31.86
2 Adults	96.60	1,159.20	322.48	836.72	41.84
Family	127.81	1,533.72	322.48	1,211.24	60.56
21-30 Hours / 36 Weeks					
Single	44.20	530.40	262.02	268.38	13.42
Adult w/Child	79.97	959.64	262.02	697.62	34.88
2 Adults	96.60	1,159.20	262.02	897.18	44.86
Family	127.81	1,533.72	262.02	1,271.70	63.59
20 Hours / 52 Weeks					
Single	44.20	530.40	251.94	278.46	13.92
Adult w/Child	79.97	959.64	251.94	707.70	35.39
2 Adults	96.60	1,159.20	251.94	907.26	45.36
Family	127.81	1,533.72	251.94	1,281.78	64.09
20 Hours / 44 Weeks					
Single	44.20	530.40	216.67	313.73	15.69
Adult w/Child	79.97	959.64	216.67	742.97	37.15
2 Adults	96.60	1,159.20	216.67	942.53	47.13
Family	127.81	1,533.72	216.67	1,317.05	65.85
20 Hours / 36 Weeks					
Single	44.20	530.40	176.36	354.04	17.70
Adult w/Child	79.97	959.64	176.36	783.28	39.16
2 Adults	96.60	1,159.20	176.36	982.84	49.14
Family	127.81	1,533.72	176.36	1,357.36	67.87

Minimum of 20 working hours per week is required to be eligible for benefits.

DOMESTIC PARTNERS:
 Employee pays 100% of the Single
 monthly premium