

BENEFIT RATE SHEET

District Office
Full Time

Health & Dental Insurance Rates
SY 2026-2027

First Deduction = July 10, 2026
Based on 26 bi-weekly deductions

<u>HEALTH INSURANCE</u>	<u>Monthly Premium</u>	<u>Annual Premium</u> SY 26/27	<u>District Share</u> 92%	<u>Employee Share</u> 8%	<u>Employee</u> <u>Deductions</u>
Anthem ChoicePlus					
Single	1,176.01	14,112.12	12,983.15	1,128.97	43.42
Adult w/Child(ren)	2,081.29	24,975.48	22,977.44	1,998.04	76.85
2 Adults	2,650.52	31,806.24	29,261.74	2,544.50	97.87
Family	3,226.03	38,712.36	35,615.37	3,096.99	119.11
Anthem Standard					
Single	1,269.94	15,239.28	14,020.14	1,219.14	46.89
Adult w/Child(ren)	2,247.77	26,973.24	24,815.38	2,157.86	82.99
2 Adults	2,862.55	34,350.60	31,602.55	2,748.05	105.69
Family	3,484.12	41,809.44	38,464.68	3,344.76	128.64

MSMA DENTAL INSURANCE

MSMA Plan A (with orthodontia for dependents under age 19)					
Single	44.20	530.40	530.40	0.00	0.00
Adult w/Child	81.76	981.12	530.40	450.72	17.34
2 Adults	96.60	1,159.20	530.40	628.80	24.18
Family	144.74	1,736.88	530.40	1,206.48	46.40
MSMA Plan B (no orthodontia benefit)					
Single	44.20	530.40	530.40	0.00	0.00
Adult w/Child	79.97	959.64	530.40	429.24	16.51
2 Adults	96.60	1,159.20	530.40	628.80	24.18
Family	127.81	1,533.72	530.40	1,003.32	38.59

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