



**GUNNISON
WATERSHED**
SCHOOL DISTRICT

2026/27 Contribution Rates

Valid 7/1/2026 - 6/30/2027

Copay Health Plan

Copay Plan	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$8,640	\$8,640	\$0	\$0	\$0
Employee + Spouse	\$17,280	\$8,640	\$8,640	\$720	\$960
Employee + Child(ren)	\$13,380	\$8,640	\$4,740	\$395	\$527
Family	\$22,020	\$8,640	\$13,380	\$1,115	\$1,487

High Deductible Health Plan

High Deductible Plan	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$8,640	\$8,640	\$0	\$0	\$0
Employee + Spouse	\$17,280	\$8,640	\$8,640	\$720	\$960
Employee + Child(ren)	\$13,380	\$8,640	\$4,740	\$395	\$527
Family	\$22,020	\$8,640	\$13,380	\$1,115	\$1,487

Anthem Dental Essential Choice (Complete Network)

Dental	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$389.52	\$0	\$389.52	\$32.46	\$43.28
Employee + Spouse	\$738.48	\$0	\$738.48	\$61.54	\$82.05
Employee + Child(ren)	\$765.00	\$0	\$765.00	\$63.75	\$85.00
Family	\$1,256.28	\$0	\$1,256.28	\$104.69	\$139.59

EyeMed Vision Plan

Vision	Annual Premium	Paid by Employer	Paid by Employee	12 Month Deduction	9 Month Deduction
Employee Only	\$88.08	\$0	\$88.08	\$7.34	\$9.79
Employee + Spouse	\$167.40	\$0	\$167.40	\$13.95	\$18.60
Employee + Child(ren)	\$176.28	\$0	\$176.28	\$14.69	\$19.59
Family	\$259.08	\$0	\$259.08	\$21.59	\$28.79

Pet Partners Pet Insurance Plans

Accident Only	12 Month Deduction	9 Month Deduction
per covered pet	\$11.17	\$14.89

Accident & Illness	12 Month Deduction	9 Month Deduction
per covered pet		
Dog, age 0-10 (adult weight in pounds: 0-90+)	\$52.27	\$69.69
Cat, age 0-10	\$26.38	\$35.17

This document is designed to provide basic information regarding benefit plans and programs available to eligible employees. This document merely summarizes the employee benefit plans and programs and does not detail all of the terms, conditions, restrictions, and exclusions contained in the plan documents, carrier contracts and/or Summary Plan Descriptions (SPD) (the "plan documentation") for the various benefit plans and programs. Every reasonable effort has been made to ensure the accuracy of the information contained in this document; however, in the event of a discrepancy between the information in this document and the plan documentation, the provisions described in the plan documentation will govern. This document does not create any contractual rights for any current or former employee, or for any other individual. The provisions of the applicable plan documentation will govern the determination of any individual's rights under any employee benefit plan or program. Your employer reserves the right to amend or terminate any of its employee benefit plans and programs at any time and without notice or cause.