

Blue Cross Blue Shield					Delta Dental	
Premium Effective September 1, 2026					Premium Effective September 1, 2026	
12 Months					12 Months	
	Employee	District Share	Total			Employee
Employee	\$ 284.78	\$ 854.34	\$ 1,139.12		Employee	\$ 29.76
Employee + Spouse	\$ 626.30	\$ 1,878.92	\$ 2,505.22		Employee + Spouse	\$ 59.52
Employee + Child(ren)	\$ 526.82	\$ 1,580.44	\$ 2,107.26		Employee + Child(ren)	\$ 74.50
Family	\$ 747.06	\$ 2,241.18	\$ 2,988.24		Family	\$ 104.16
High Deductible Plan - Premium - Effective September 1, 2026					Premium Effective September 1, 2026	
					9 Months	
	Employee	District Share	Total			Employee
Employee	\$ 205.22	\$ 822.94	\$ 1,028.16		Employee	\$ 39.68
Employee + Spouse	\$ 585.34	\$ 1,756.00	\$ 2,341.34		Employee + Spouse	\$ 79.36
Employee + Child(ren)	\$ 492.24	\$ 1,476.72	\$ 1,968.96		Employee + Child(ren)	\$ 99.34
Family	\$ 671.44	\$ 2,014.30	\$ 2,685.74		Family	\$ 138.88
Premium Effective September 1, 2026					EyeMed Vision	
9 Months					Premium Effective September 1, 2026	
	Employee	District Share	Total		12 Months	
						Employee
Employee	\$ 379.70	\$ 1,139.12	\$ 1,518.82		Employee	\$ 5.76
Employee + Spouse	\$ 835.06	\$ 2,505.24	\$ 3,340.30		Employee + Spouse	\$ 12.30
Employee + Child(ren)	\$ 702.42	\$ 2,107.26	\$ 2,809.68		Employee + Child(ren)	\$ 9.96
Family	\$ 996.08	\$ 2,988.24	\$ 3,984.32		Family	\$ 16.50
High Deductible Plan - Premium - Effective September 1, 2026					Premium Effective September 1, 2026	
					9 Months	
	Employee	District Share	Total			Employee
Employee	\$ 273.62	\$ 1,097.26	\$ 1,370.88		Employee	\$ 7.68
Employee + Spouse	\$ 780.46	\$ 2,341.34	\$ 3,121.80		Employee + Spouse	\$ 16.40
Employee + Child(ren)	\$ 656.32	\$ 1,968.96	\$ 2,625.28		Employee + Child(ren)	\$ 13.28
Family	\$ 895.24	\$ 2,685.74	\$ 3,580.98		Family	\$ 22.00