

2026-27 INSURANCE RATES FOR 10 MONTH CLASSIFIED EMPLOYEES

The following are the health insurance rates effective October 1, 2026.

These rates are based on 10 monthly payments for insurance coverage from October 1, 2026 through September 30, 2027. Late starts need to contact Human Resources for individual rates.

The district pays a cap of \$7,000 (annually) plus 50% of the amount over the cap for full-time employees and a prorated amount for part-time employees according to the following schedule.

Rates include medical, dental and vision for Packages 1-10.

With Metlife PDP Plus Dental

Hours per Day	With Metlife PDP Plus Dental				HSA PLANS	
	Package 1 80M: 80% \$40	Package 2 80G: 80% \$30	Package 3 90C: 90% \$20	Package 4 100A: 100% \$20	Package 9 HSA 90%	ACA Bronze-A Medical Only Employee Only 70%
4.00	\$ 1,343.92	\$ 1,743.52	\$ 2,009.02	\$ 2,177.32	\$ 1,519.42	\$ 588.20
4.25	\$ 1,301.39	\$ 1,692.67	\$ 1,952.65	\$ 2,117.45	\$ 1,473.24	\$ 561.41
4.50	\$ 1,258.71	\$ 1,641.66	\$ 1,896.10	\$ 2,057.39	\$ 1,426.90	\$ 534.53
4.75	\$ 1,216.18	\$ 1,590.81	\$ 1,839.73	\$ 1,997.52	\$ 1,380.71	\$ 507.73
5.00	\$ 1,173.50	\$ 1,539.80	\$ 1,783.18	\$ 1,937.45	\$ 1,334.38	\$ 480.85
5.25	\$ 1,130.96	\$ 1,488.95	\$ 1,726.81	\$ 1,877.58	\$ 1,288.19	\$ 454.06
5.50	\$ 1,088.29	\$ 1,437.94	\$ 1,670.25	\$ 1,817.52	\$ 1,241.85	\$ 427.18
5.75	\$ 1,045.75	\$ 1,387.09	\$ 1,613.88	\$ 1,757.64	\$ 1,195.67	\$ 400.38
6.00	\$ 1,003.08	\$ 1,336.08	\$ 1,557.33	\$ 1,697.58	\$ 1,149.33	\$ 373.50
6.25	\$ 960.54	\$ 1,285.23	\$ 1,500.96	\$ 1,637.71	\$ 1,103.14	\$ 346.71
6.50	\$ 917.87	\$ 1,234.22	\$ 1,444.41	\$ 1,577.64	\$ 1,056.81	\$ 319.83
6.75	\$ 875.33	\$ 1,183.37	\$ 1,388.04	\$ 1,517.77	\$ 1,010.62	\$ 293.03
7.00	\$ 832.66	\$ 1,132.36	\$ 1,331.48	\$ 1,457.71	\$ 964.28	\$ 266.15
7.25	\$ 790.12	\$ 1,081.51	\$ 1,275.11	\$ 1,397.84	\$ 918.10	\$ 239.36
7.50	\$ 747.45	\$ 1,030.50	\$ 1,218.56	\$ 1,337.77	\$ 871.76	\$ 212.48
7.75	\$ 704.91	\$ 979.65	\$ 1,162.19	\$ 1,277.90	\$ 825.57	\$ 185.68
8.00	\$ 662.24	\$ 928.64	\$ 1,105.64	\$ 1,217.84	\$ 779.24	\$ 158.80

With Metlife PDP Plus w/Ortho Dental

Hours per Day	With Metlife PDP Plus w/Ortho Dental				HSA PLANS	
	Package 5 80M: 80% \$40	Package 6 80G: 80% \$30	Package 7 90C: 90% \$20	Package 8 100A: 100% \$20	Package 10 HSA 90%	Anchor Bronze-B Medical Only Employee + Child (ren) 70%
4.00	\$ 1,369.93	\$ 1,769.53	\$ 2,035.03	\$ 2,203.33	\$ 1,545.43	\$ 1,041.80
4.25	\$ 1,326.86	\$ 1,718.14	\$ 1,978.12	\$ 2,142.92	\$ 1,498.71	\$ 1,005.57
4.50	\$ 1,283.64	\$ 1,666.59	\$ 1,921.03	\$ 2,082.31	\$ 1,451.83	\$ 969.23
4.75	\$ 1,240.56	\$ 1,615.20	\$ 1,864.11	\$ 2,021.90	\$ 1,405.10	\$ 933.00
5.00	\$ 1,197.34	\$ 1,563.64	\$ 1,807.02	\$ 1,961.29	\$ 1,358.22	\$ 896.65
5.25	\$ 1,154.27	\$ 1,512.25	\$ 1,750.11	\$ 1,900.88	\$ 1,311.49	\$ 860.42
5.50	\$ 1,111.05	\$ 1,460.70	\$ 1,693.01	\$ 1,840.27	\$ 1,264.61	\$ 824.08
5.75	\$ 1,067.97	\$ 1,409.31	\$ 1,636.10	\$ 1,779.86	\$ 1,217.88	\$ 787.85
6.00	\$ 1,024.76	\$ 1,357.76	\$ 1,579.01	\$ 1,719.26	\$ 1,171.01	\$ 751.50
6.25	\$ 981.68	\$ 1,306.36	\$ 1,522.09	\$ 1,658.84	\$ 1,124.28	\$ 715.27
6.50	\$ 938.46	\$ 1,254.81	\$ 1,465.00	\$ 1,598.24	\$ 1,077.40	\$ 678.93
6.75	\$ 895.38	\$ 1,203.42	\$ 1,408.09	\$ 1,537.82	\$ 1,030.67	\$ 642.70
7.00	\$ 852.17	\$ 1,151.87	\$ 1,350.99	\$ 1,477.22	\$ 983.79	\$ 606.35
7.25	\$ 809.09	\$ 1,100.48	\$ 1,294.08	\$ 1,416.80	\$ 937.06	\$ 570.12
7.50	\$ 765.87	\$ 1,048.92	\$ 1,236.98	\$ 1,356.20	\$ 890.18	\$ 533.78
7.75	\$ 722.79	\$ 997.53	\$ 1,180.07	\$ 1,295.78	\$ 843.45	\$ 497.55
8.00	\$ 679.58	\$ 945.98	\$ 1,122.98	\$ 1,235.18	\$ 796.58	\$ 461.20