GCIC / BenefitSolver Rates Effective 7/1/26

Medical	Percentages		Single (Employee Only)						Family Coverage					
OAPSE EMPLOYEES	**% Paid by Employee**	**% Paid by Board**	**EE Per Pay Single**	**BD Per pay Single**	**EE Single Monthly**	**BD Single Monthly**	**Single Monthly Premium**	**PR Item #**	**EE Per pay Family**	**BD Per pay Family**	**EE Family Monthly**	**BD Family Monthly**	**Family Monthly Premium**	**PR Item #**
Full Time = Greater than 30 hrs	15%	85%	59.47	337.00	118.94	673.99	792.93	540	147.48	835.71	294.96	1671.42	1966.38	541
Less than 30 hours to 25 hrs	20%	80%	79.29	317.17	158.59	634.35	792.93	544	196.64	786.55	393.28	1573.11	1966.38	545
Less than 25 hours to 20 hrs	37.5%	62.5%	148.68	247.79	297.35	495.58	792.93	548	368.70	614.49	737.39	1228.99	1966.38	549
15 to less than 20 (PT floating drivers only)	50%	50%	198.23	198.23	396.47	396.47	792.93	552	491.60	491.60	983.19	983.19	1966.38	553
Both Spouses District Employees	10%	90%							98.32	884.87	196.64	1769.74	1966.38	543
LEA EMPLOYEES	**% Paid by Employee**	**% Paid by Board**	**Per pay Single**	**Per pay Single**	**Single Monthly**	**Single Monthly**	**Single Monthly Premium**	**PR Item #**	**Per pay Family**	**Per pay Family**	**Family Monthly**	**Family Monthly**	**Family Monthly Premium**	**PR Item #**
Full Time	15%	85%	59.47	337.00	118.94	673.99	792.93	540	147.48	835.71	294.96	1671.42	1966.38	541
.80 TIME	20%	80%	79.29	317.17	158.59	634.35	792.93	544	196.64	786.55	393.28	1573.11	1966.38	545
.70 TIME	30%	70%	118.94	277.53	237.88	555.05	792.93	546	294.96	688.23	589.91	1376.47	1966.38	547
.60 TIME	40%	60%	158.59	237.88	317.17	475.76	792.93	550	393.28	589.91	786.55	1179.83	1966.38	551
.50 TIME	50%	50%	198.23	198.23	396.47	396.47	792.93	552	491.60	491.60	983.19	983.19	1966.38	553
Both Spouses District Employees	10%	90%							98.32	884.87	196.64	1769.74	1966.38	543
ADMIN & EXEMPT EMPLOYEES	**% Paid by Employee**	**% Paid by Board**	**Per pay Single**	**Per pay Single**	**Single Monthly**	**Single Monthly**	**Single Monthly Premium**	**PR Item #**	**Per pay Family**	**Per pay Family**	**Family Monthly**	**Family Monthly**	**Family Monthly Premium**	**PR Item #**
Full Time	15%	85%	59.47	337.00	118.94	673.99	792.93	540	147.48	835.71	294.96	1671.42	1966.38	541
Both Spouses District Employees	10%	90%	39.65	356.82	79.29	713.64	792.93	542	98.32	884.87	196.64	1769.74	1966.38	543

Vision	% Paid by Employee	% Paid by Board	EE Per Pay Single	BD Per pay Single	EE Single Monthly	BD Single Monthly	Single Monthly Premium	PR Item #	EE Per pay Family	BD Per pay Family	EE Family Monthly	BD Family Monthly	Family Monthly Premium	PR Item #
Employee Paid Only	100%		2.12		4.23		4.23	566	5.47		10.94		10.94	567

Dental	% Paid by Employee	% Paid by Board	EE Per Pay Single	BD Per pay Single	EE Single Monthly	BD Single Monthly	Single Monthly Premium	PR Item #	EE Per pay Family	BD Per pay Family	EE Family Monthly	BD Family Monthly	Family Monthly Premium	PR Item #
Board Paid Only		100%		42.81		85.62	85.62	560		42.81		85.62	85.62	560

Loveland City Schools
Medical Insurance Rate Comparison 25/26 and 26/27
Employee Amount Per Pay Period
New Rates effective June 5, 2026

OAPSE / Exempt	Plan	% Increase	25/26	26/27	Per Pay Increase
Full Time (Greater than 30 hrs)	Single	7.0%	$ 55.58	$ 59.47	$ 3.89
	Family	7.0%	$ 137.83	$ 147.48	$ 9.65
Less than 30 hours to 25 hrs	Single	7.0%	$ 74.11	$ 79.29	$ 5.19
	Family	7.0%	$ 183.77	$ 196.64	$ 12.86
Less than 25 hours to 20 hrs	Single	7.0%	$ 138.95	$ 148.67	$ 9.73
	Family	7.0%	$ 344.58	$ 368.70	$ 24.12
15 to less than 20 (PT floating drivers only)	Single	7.0%	$ 185.27	$ 198.23	$ 12.97
	Family	7.0%	$ 459.44	$ 491.60	$ 32.16
Both Spouses District Employees	Single				
	Family	7.0%	$ 91.89	$ 98.32	$ 6.43
Vision	Single	0.0%	$ 2.12	$ 2.12	$ -
	Family	0.0%	$ 5.47	$ 5.47	$ -

LEA / Admin	Plan	% Increase	25/26	26/27	Per Pay Increase
Full Time	Single	7.0%	$ 55.58	$ 59.47	$ 3.89
	Family	7.0%	$ 137.83	$ 147.48	$ 9.65
.80 Time	Single	7.0%	$ 74.11	$ 79.29	$ 5.19
	Family	7.0%	$ 183.77	$ 196.64	$ 12.86
.70 Time	Single	7.0%	$ 111.16	$ 118.94	$ 7.78
	Family	7.0%	$ 275.66	$ 294.96	$ 19.30
.60 Time	Single	7.0%	$ 148.21	$ 158.59	$ 10.37
	Family	7.0%	$ 367.55	$ 393.28	$ 25.73
.50 Time	Single	7.0%	$ 185.27	$ 198.23	$ 12.97
	Family	7.0%	$ 459.44	$ 491.60	$ 32.16
Both Spouses District Employees	Single				
	Family	7.0%	$ 91.89	$ 98.32	$ 6.43
Vision	Single	0.0%	$ 2.12	$ 2.12	$ -
	Family	0.0%	$ 5.47	$ 5.47	$ -