

Post Falls School District #273 Medical and Dental Benefit Premiums 2026-2027

Medical Plan Options	30 - 40 Weekly Hours			20 - <30 Weekly Hours		
	Employee Share	District Share	Total Premium	Employee Share	District Share	Total Premium
Blue Cross Buy-Up Plan 750/1500						
Employee Only	\$ 73.05	\$ 972.95	\$ 1,046.00	\$ 559.52	\$ 486.48	\$ 1,046.00
Employee + Spouse	\$ 801.73	\$ 1,495.17	\$ 2,296.90	\$ 1,549.31	\$ 747.59	\$ 2,296.90
Employee + 1 Child	\$ 562.12	\$ 1,048.88	\$ 1,611.00	\$ 1,086.56	\$ 524.44	\$ 1,611.00
Employee + 2 or More Children	\$ 653.66	\$ 1,220.94	\$ 1,874.60	\$ 1,264.13	\$ 610.47	\$ 1,874.60
Family: Employee + Spouse + Child(ren)	\$ 931.06	\$ 1,737.44	\$ 2,668.50	\$ 1,799.78	\$ 868.72	\$ 2,668.50
Blue Cross Driver Plan 1500/3000						
Employee Only	\$ -	\$ 972.95	\$ 972.95	\$ 486.47	\$ 486.48	\$ 972.95
Employee + Spouse	\$ 640.78	\$ 1,495.17	\$ 2,135.95	\$ 1,388.36	\$ 747.59	\$ 2,135.95
Employee + 1 Child	\$ 449.52	\$ 1,048.88	\$ 1,498.40	\$ 973.96	\$ 524.44	\$ 1,498.40
Employee + 2 or More Children	\$ 523.26	\$ 1,220.94	\$ 1,744.20	\$ 1,133.73	\$ 610.47	\$ 1,744.20
Family: Employee + Spouse + Child(ren)	\$ 744.61	\$ 1,737.44	\$ 2,482.05	\$ 1,613.33	\$ 868.72	\$ 2,482.05
Blue Cross Buy-Down Plan 5000/10000						
Employee Only **	\$ -	\$ 825.35	\$ 825.35	\$ 338.87	\$ 486.48	\$ 825.35
Employee + Spouse	\$ 315.98	\$ 1,495.17	\$ 1,811.15	\$ 1,063.56	\$ 747.59	\$ 1,811.15
Employee + 1 Child	\$ 222.17	\$ 1,048.88	\$ 1,271.05	\$ 746.61	\$ 524.44	\$ 1,271.05
Employee + 2 or More Children	\$ 259.61	\$ 1,220.94	\$ 1,480.55	\$ 870.08	\$ 610.47	\$ 1,480.55
Family: Employee + Spouse + Child(ren)	\$ 368.31	\$ 1,737.44	\$ 2,105.75	\$ 1,237.03	\$ 868.72	\$ 2,105.75

** PFSD will contribute \$147.60/month into an HSA for the 30-40 Weekly Hours **Employee Only** plan

Dental Plan Options	30 - 40 Weekly Hours			20 - <30 Weekly Hours		
	Employee Share	District Share	Total Premium	Employee Share	District Share	Total Premium
Delta Dental						
Employee Only	\$ -	\$ 39.93	\$ 39.93	\$ 19.96	\$ 19.97	\$ 39.93
Employee + Spouse	\$ 41.43	\$ 39.93	\$ 81.36	\$ 61.39	\$ 19.97	\$ 81.36
Employee + 1 Child	\$ 33.28	\$ 39.93	\$ 73.21	\$ 53.24	\$ 19.97	\$ 73.21
Employee + 2 or More Children	\$ 65.82	\$ 39.93	\$ 105.75	\$ 85.78	\$ 19.97	\$ 105.75
Family: Employee + Spouse + Child(ren)	\$ 104.30	\$ 39.93	\$ 144.23	\$ 124.26	\$ 19.97	\$ 144.23
Northwest Dental						
Employee Only	\$ 13.70	\$ 39.93	\$ 53.63	\$ 33.66	\$ 19.97	\$ 53.63
Employee + Spouse	\$ 67.57	\$ 39.93	\$ 107.50	\$ 87.53	\$ 19.97	\$ 107.50
Employee + 1 Child	\$ 76.48	\$ 39.93	\$ 116.41	\$ 96.44	\$ 19.97	\$ 116.41
Employee + 2 or More Children	\$ 119.78	\$ 39.93	\$ 159.71	\$ 139.74	\$ 19.97	\$ 159.71
Family: Employee + Spouse + Child(ren)	\$ 155.44	\$ 39.93	\$ 195.37	\$ 175.40	\$ 19.97	\$ 195.37
Willamette Dental						
Employee Only	\$ 23.83	\$ 39.93	\$ 63.76	\$ 43.79	\$ 19.97	\$ 63.76
Employee + Spouse	\$ 99.25	\$ 39.93	\$ 139.18	\$ 119.21	\$ 19.97	\$ 139.18
Employee + 1 Child	\$ 83.67	\$ 39.93	\$ 123.60	\$ 103.63	\$ 19.97	\$ 123.60
Employee + 2 or More Children	\$ 144.30	\$ 39.93	\$ 184.23	\$ 164.26	\$ 19.97	\$ 184.23
Family: Employee + Spouse + Child(ren)	\$ 207.45	\$ 39.93	\$ 247.38	\$ 227.41	\$ 19.97	\$ 247.38