2026-2027 Monthly Insurance Rates
All Benefit Eligible Employees

Monthly Rate Summary for Benefit Eligible Employees Effective July 1, 2026 through June 30, 2027				
	Choice $0 PPO **(Buy up PPO)****	**Choice $1,000** **PPO (Mid PPO)**	**HDHP $2,000** **(Base HSA)**	**Choice $5,000** **(Base Plan)**
Employee Only	$466.79	$211.79	$46.71	$20.23
Employee + Spouse	$1,457.84	$950.08	$621.23	$433.55
Employee + Child(ren)	$1,220.03	$847.04	$547.30	$370.10
Employee + Family	$2,053.60	$1,507.10	$1,068.43	$808.64
*Spousal Share	$1,533.97	$799.83	$579.53	$237.32
	Delta Dental **Dental PPO**	**TDA/EMI** **Dental HMO**	**VSP** **Vision**	
Employee Only	$45.00	$10.80	$7.56	
Employee + Spouse	$93.00	$21.60	$15.07	
Employee + Child(ren)	$77.00	$23.80	$16.12	
Employee + Family	$118.00	$27.00	$25.77	

** Employee and Spouse whom are both HUSD benefit eligible staff can share "Employee + Family" Coverage.*

*** The Choice $0 plan is only eligible for grandfathered employees*

Monthly COBRA PARTICIPANT Rate Summary Effective July 1, 2026 through June 30, 2027				
	Choice $0 PPO **Buy Up PPO***	**Choice $1,000** **PPO Mid PPO***	**HDHP $2,000** **BASE HSA***	**Navigate $5,000** **BASE PLAN***
Employee Only	$1,083.20	$879.03	$700.45	$594.70
Employee + Spouse	$2,078.70	$1,632.08	$1,296.65	$1,105.22
Employee + Child(ren)	$1,831.66	$1,526.98	$1,221.25	$1,040.50
Employee + Family	$2,709.32	$2,200.24	$1,752.80	$1,487.81
	Delta Dental **Dental PPO***	**TDA/EMI** **Dental HMO***	**VSP** **Vision***	
Employee Only	$45.90	$11.02	$7.69	
Employee + Spouse	$94.86	$22.03	$15.37	
Employee + Child(ren)	$78.54	$24.28	$16.44	
Employee + Family	$120.36	$27.54	$26.29	

** Does not include 2% COBRA Administration fee*