BUCKEYE LOCAL SCHOOLS

HEALTH INSURANCE - MONTHLY EMPLOYEE COST

2026-27

BLEA Rates Effective 09/01/26 | OAPSE Rates Effective 07/01/26

	MEDICAL - PPO		MEDICAL - HDHP		DENTAL		VISION		LIFE
	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	SINGLE	FAMILY	EMPLOYER PAID
ADMINISTRATIVE	$ 247.20	$ 617.99	$ 149.36	$ 373.39	$ 10.46	$ 31.35	$ 1.59	$ 4.05	**$50,000 This is an Employer Paid Benefit.** All Buckeye Employees receive this $50,000 Coverage at No Cost
BLEA - FULL-TIME	$ 210.12	$ 587.09	$ 149.36	$ 373.39	$ 8.63	$ 29.78	$ 1.31	$ 3.85	
OAPSE - FULL TIME	$ 192.72	$ 562.09	This benefit is currently only available to BLEA, ADMIN and New BLEA employees.		$ 7.85	$ 27.43	$ 1.19	$ 3.55	
OAPSE - 5.0-5.99 HRS/DAY	$ 282.66	$ 786.94			$ 11.51	$ 38.40	$ 1.75	$ 4.97	
OAPSE - 4.99 HRS OR LESS	$ 411.15	$ 1,108.14			$ 16.74	$ 54.08	$ 2.54	$ 6.99	

Additional Voluntary Term Life Insurance can be purchased, as well.

PLEASE NOTE MONTHLY DEDUCTIONS ARE WITHHELD FROM YOUR PAYCHECK ONE MONTH IN ADVANCE OF COVERAGE.
THIS MEANS IN JANUARY YOU'RE PAYING FOR FEBRUARY COVERAGE; IN FEBRUARY YOU'RE PAYING FOR MARCH COVERAGE, ETC.

YOUR DEDUCTIONS ARE DIVIDED OVER THE TWO PAYS EACH MONTH.

DISTRICT OPEN ENROLLMENT TAKES PLACE EVERY NOVEMBER.
PLEASE REMEMBER THIS IS YOUR ONLY OPPORTUNITY TO CHANGE YOUR ELECTIONS WITHOUT A QUALIFYING EVENT.

IF YOU HAVE ANY QUESTIONS REGARDING BENEFITS OR ANY OF THE INFORMATION ABOVE, PLEASE CONTACT ROBYN WATSON AT x1011.