

INSURANCE RATES FOR CALENDAR YEAR 2026

		CERTIFIED PPO PLAN													
		TOTAL PREMIUM		WITH WELLNESS INCENTIVE						WITHOUT WELLNESS INCENTIVE					
				EMPLOYEE CONTRIBUTION 10.5%			BOARD CONTRIBUTION 89.5%			EMPLOYEE CONTRIBUTION 15.5%			BOARD CONTRIBUTION 84.5%		
		MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY
MEDICAL	FAMILY	\$ 3,613.20	\$ 43,358.40	\$ 189.69	\$ 379.39	\$ 4,552.63	\$ 1,616.91	\$ 3,233.81	\$ 38,805.77	\$ 280.02	\$ 560.05	\$ 6,720.55	\$ 1,526.58	\$ 3,053.15	\$ 36,637.85
	SINGLE	\$ 1,454.00	\$ 17,448.00	\$ 76.34	\$ 152.67	\$ 1,832.04	\$ 650.67	\$ 1,301.33	\$ 15,615.96	\$ 112.69	\$ 225.37	\$ 2,704.44	\$ 614.32	\$ 1,228.63	\$ 14,743.56
DENTAL	FAMILY	\$ 116.91	\$ 1,402.92	\$ 6.14	\$ 12.28	\$ 147.31	\$ 52.32	\$ 104.63	\$ 1,255.61	\$ 9.06	\$ 18.12	\$ 217.45	\$ 49.39	\$ 98.79	\$ 1,185.47
	SINGLE	\$ 39.50	\$ 474.00	\$ 2.07	\$ 4.15	\$ 49.77	\$ 17.68	\$ 35.35	\$ 424.23	\$ 3.06	\$ 6.12	\$ 73.47	\$ 16.69	\$ 33.38	\$ 400.53
VISION	FAMILY	\$ 18.25	\$ 219.00	\$ 0.96	\$ 1.92	\$ 23.00	\$ 8.17	\$ 16.33	\$ 196.01	\$ 1.41	\$ 2.83	\$ 33.95	\$ 7.71	\$ 15.42	\$ 185.06
	SINGLE	\$ 6.53	\$ 78.36	\$ 0.34	\$ 0.69	\$ 8.23	\$ 2.92	\$ 5.84	\$ 70.13	\$ 0.51	\$ 1.01	\$ 12.15	\$ 2.76	\$ 5.52	\$ 66.21
ALL	FAMILY	\$ 3,748.36	\$ 44,980.32	\$ 196.79	\$ 393.58	\$ 4,722.93	\$ 1,677.39	\$ 3,354.78	\$ 40,257.39	\$ 290.50	\$ 581.00	\$ 6,971.95	\$ 1,583.68	\$ 3,167.36	\$ 38,008.37
	SINGLE	\$ 1,500.03	\$ 18,000.36	\$ 78.75	\$ 157.50	\$ 1,890.04	\$ 671.26	\$ 1,342.53	\$ 16,110.32	\$ 116.25	\$ 232.50	\$ 2,790.06	\$ 633.76	\$ 1,267.53	\$ 15,210.30

INSURANCE RATES FOR CALENDAR YEAR 2026

		CLASSIFIED PPO PLAN													
		TOTAL PREMIUM		WITH WELLNESS INCENTIVE						WITHOUT WELLNESS INCENTIVE					
				EMPLOYEE CONTRIBUTION 10.5%			BOARD CONTRIBUTION 89.5%			EMPLOYEE CONTRIBUTION 15.5%			BOARD CONTRIBUTION 84.5%		
		MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY
MEDICAL	FAMILY	\$ 4,533.83	\$ 54,405.96	\$ 238.03	\$ 476.05	\$ 5,712.63	\$ 2,028.89	\$ 4,057.78	\$ 48,693.33	\$ 351.37	\$ 702.74	\$ 8,432.92	\$ 1,915.54	\$ 3,831.09	\$ 45,973.04
	SINGLE	\$ 1,784.12	\$ 21,409.44	\$ 93.67	\$ 187.33	\$ 2,247.99	\$ 798.39	\$ 1,596.79	\$ 19,161.45	\$ 138.27	\$ 276.54	\$ 3,318.46	\$ 753.79	\$ 1,507.58	\$ 18,090.98
DENTAL	FAMILY	\$ 116.91	\$ 1,402.92	\$ 6.14	\$ 12.28	\$ 147.31	\$ 52.32	\$ 104.63	\$ 1,255.61	\$ 9.06	\$ 18.12	\$ 217.45	\$ 49.39	\$ 98.79	\$ 1,185.47
	SINGLE	\$ 39.50	\$ 474.00	\$ 2.07	\$ 4.15	\$ 49.77	\$ 17.68	\$ 35.35	\$ 424.23	\$ 3.06	\$ 6.12	\$ 73.47	\$ 16.69	\$ 33.38	\$ 400.53
VISION	FAMILY	\$ 18.25	\$ 219.00	\$ 0.96	\$ 1.92	\$ 23.00	\$ 8.17	\$ 16.33	\$ 196.01	\$ 1.41	\$ 2.83	\$ 33.95	\$ 7.71	\$ 15.42	\$ 185.06
	SINGLE	\$ 6.53	\$ 78.36	\$ 0.34	\$ 0.69	\$ 8.23	\$ 2.92	\$ 5.84	\$ 70.13	\$ 0.51	\$ 1.01	\$ 12.15	\$ 2.76	\$ 5.52	\$ 66.21
ALL	FAMILY	\$ 4,668.99	\$ 56,027.88	\$ 245.12	\$ 490.24	\$ 5,882.93	\$ 2,089.37	\$ 4,178.75	\$ 50,144.95	\$ 361.85	\$ 723.69	\$ 8,684.32	\$ 1,972.65	\$ 3,945.30	\$ 47,343.56
	SINGLE	\$ 1,830.15	\$ 21,961.80	\$ 96.08	\$ 192.17	\$ 2,305.99	\$ 818.99	\$ 1,637.98	\$ 19,655.81	\$ 141.84	\$ 283.67	\$ 3,404.08	\$ 773.24	\$ 1,546.48	\$ 18,557.72

INSURANCE RATES FOR CALENDAR YEAR 2026

HIGH DEDUCTIBLE PLAN W/O COVERAGE MANAGEMENT													
		TOTAL PREMIUM		EMPLOYEE CONTRIBUTION 10.5%			BOARD CONTRIBUTION 89.5%			ANNUAL BOARD CONTRIBUTION TO HSA			
		MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	WITH WELLNESS		WITHOUT WELLNESS	
										CERTIFIED	CLASSIFIED	CERTIFIED	CLASSIFIED
MEDICAL	FAMILY	\$ 3,006.43	\$ 36,077.16	\$ 157.84	\$ 315.68	\$ 3,788.10	\$ 1,345.38	\$ 2,690.75	\$ 32,289.06	\$ 2,800.00	\$ 2,800.00	\$ 1,500.00	\$ 1,500.00
	SINGLE	\$ 1,209.83	\$ 14,517.96	\$ 63.52	\$ 127.03	\$ 1,524.39	\$ 541.40	\$ 1,082.80	\$ 12,993.57	\$ 1,600.00	\$ 1,600.00	\$ 500.00	\$ 500.00
DENTAL	FAMILY	\$ 116.91	\$ 1,402.92	\$ 6.14	\$ 12.28	\$ 147.31	\$ 52.32	\$ 104.63	\$ 1,255.61				
	SINGLE	\$ 39.50	\$ 474.00	\$ 2.07	\$ 4.15	\$ 49.77	\$ 17.68	\$ 35.35	\$ 424.23				
VISION	FAMILY	\$ 18.25	\$ 219.00	\$ 0.96	\$ 1.92	\$ 23.00	\$ 8.17	\$ 16.33	\$ 196.01				
	SINGLE	\$ 6.53	\$ 78.36	\$ 0.34	\$ 0.69	\$ 8.23	\$ 2.92	\$ 5.84	\$ 70.13				
ALL	FAMILY	\$ 3,141.59	\$ 37,699.08	\$ 164.93	\$ 329.87	\$ 3,958.40	\$ 1,405.86	\$ 2,811.72	\$ 33,740.68				
	SINGLE	\$ 1,255.86	\$ 15,070.32	\$ 65.93	\$ 131.87	\$ 1,582.38	\$ 562.00	\$ 1,123.99	\$ 13,487.94				

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HIGH DEDUCTIBLE PLAN W/COVERAGE MANAGEMENT													
		TOTAL PREMIUM		EMPLOYEE CONTRIBUTION 10.5%			BOARD CONTRIBUTION 89.5%			ANNUAL BOARD CONTRIBUTION TO HSA			
		MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	PER PAY	MONTHLY	ANNUALLY	WITH WELLNESS		WITHOUT WELLNESS	
										CERTIFIED	CLASSIFIED	CERTIFIED	CLASSIFIED
MEDICAL	FAMILY	\$ 2,938.14	\$ 35,257.68	\$ 154.25	\$ 308.50	\$ 3,702.06	\$ 1,314.82	\$ 2,629.64	\$ 31,555.62	\$ 2,800.00	\$ 2,800.00	\$ 1,500.00	\$ 1,500.00
	SINGLE	\$ 1,182.35	\$ 14,188.20	\$ 62.07	\$ 124.15	\$ 1,489.76	\$ 529.10	\$ 1,058.20	\$ 12,698.44	\$ 1,600.00	\$ 1,600.00	\$ 500.00	\$ 500.00
DENTAL	FAMILY	\$ 116.91	\$ 1,402.92	\$ 6.14	\$ 12.28	\$ 147.31	\$ 52.32	\$ 104.63	\$ 1,255.61				
	SINGLE	\$ 39.50	\$ 474.00	\$ 2.07	\$ 4.15	\$ 49.77	\$ 17.68	\$ 35.35	\$ 424.23				
VISION	FAMILY	\$ 18.25	\$ 219.00	\$ 0.96	\$ 1.92	\$ 23.00	\$ 8.17	\$ 16.33	\$ 196.01				
	SINGLE	\$ 6.53	\$ 78.36	\$ 0.34	\$ 0.69	\$ 8.23	\$ 2.92	\$ 5.84	\$ 70.13				
ALL	FAMILY	\$ 3,073.30	\$ 36,879.60	\$ 161.35	\$ 322.70	\$ 3,872.36	\$ 1,375.30	\$ 2,750.60	\$ 33,007.24				
	SINGLE	\$ 1,228.38	\$ 14,740.56	\$ 64.49	\$ 128.98	\$ 1,547.76	\$ 549.70	\$ 1,099.40	\$ 13,192.80				