

ALL PLANS INCLUDE - MEDICAL, DENTAL, EAP, AND VISION PREMIUM COSTS.

EFFECTIVE DATE 7/1/2026

PLAN OPTION #1 PREFERRED PROVIDER ORGANIZATION		DEDUCTABLE \$350/\$950	PLAN OPTION #2 TRADITIONAL PLAN	DEDUCTABLE \$500/\$1400
NEW RATES		80/20 PLAN	NEW RATES	70/30 PLAN
FY27 Coverage Tier	TOTAL		FY27 Coverage Tier	Total
<b>SINGLE</b>	\$1,546.72		<b>SINGLE</b>	\$ 1,583.98
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$82.82</b>		<b>Employee Pays</b>	<b>\$ 120.08</b>
<b>Emp+Spouse</b>	\$1,717.66		<b>Emp+Spouse</b>	\$ 1,837.42
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$253.76</b>		<b>Employee Pays</b>	<b>\$ 373.52</b>
<b>SINGLE/1CHILD</b>	\$1,623.34		<b>SINGLE/1CHILD</b>	\$ 1,687.68
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$159.44</b>		<b>Employee Pays</b>	<b>\$ 223.78</b>
<b>SINGLE/2 or more CHILD</b>	\$1,731.30		<b>SINGLE/2 or more CHILD</b>	\$ 1,838.28
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$267.40</b>		<b>Employee Pays</b>	<b>\$ 374.38</b>
<b>Emp/Spouse/1Ch</b>	\$1,791.62		<b>Emp/Spouse/1Ch</b>	\$ 1,939.16
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$327.72</b>		<b>Employee Pays</b>	<b>\$ 475.26</b>
<b>Family (Emp,Sp,Ch1,Ch2, or more)</b>	\$1,926.64		<b>Family (Emp,Sp,Ch1,Ch2, or more)</b>	\$ 2,125.34
District Pays	\$1,463.90		District Pays	\$ 1,463.90
<b>Employee Pays</b>	<b>\$462.74</b>		<b>Employee Pays</b>	<b>\$ 661.44</b>