

INSURANCE PREMIUM COST SHEET

CERTIFIED EMPLOYEES (Hired after 1/1/2024)

Effective 1/1/26 - 12/31/26

MEDICAL PLAN OPTIONS	MONTHLY	DISTRICT %	DISTRICT \$	EMPLOYEE %	EMPLOYEE \$	PER PAYCHECK
HMO Blue Adv 3 - B14332 (District Rate-Setting Plan)						
SINGLE	\$833.00	83.2%	\$693.25	16.8%	\$139.75	\$69.88
SINGLE +1 (dependent or spouse)	\$1,959.00	65.8%	\$1,289.74	34.2%	\$669.26	\$334.63
FAMILY	\$2,042.00	65.8%	\$1,344.52	34.2%	\$697.48	\$348.74
HMO Blue Adv 2 - B03881						
SINGLE	\$858.00	80.8%	\$693.25	19.2%	\$164.75	\$82.38
SINGLE +1 (dependent or spouse)	\$2,007.00	64.3%	\$1,289.74	35.7%	\$717.26	\$358.63
FAMILY	\$2,100.00	64.0%	\$1,344.52	36.0%	\$755.48	\$377.74
HMO Blue Adv 4 - B01776						
SINGLE	\$733.00	94.6%	\$693.25	5.4%	\$39.75	\$19.88
SINGLE +1 (dependent or spouse)	\$1,721.00	74.9%	\$1,289.74	25.1%	\$431.26	\$215.63
FAMILY	\$1,832.00	73.4%	\$1,344.52	26.6%	\$487.48	\$243.74
BCBS - PPO - 165611 (District Rate-Setting Plan)						
SINGLE	\$1,035.00	67.0%	\$693.25	33.0%	\$341.75	\$170.88
SINGLE +1 (dependent or spouse)	\$2,394.00	53.9%	\$1,289.74	46.1%	\$1,104.26	\$552.13
FAMILY	\$2,611.00	51.5%	\$1,344.52	48.5%	\$1,266.48	\$633.24
BCBS - PPO - 165625						
SINGLE	\$1,100.00	63.0%	\$693.25	37.0%	\$406.75	\$203.38
SINGLE +1 (dependent or spouse)	\$2,473.00	52.2%	\$1,289.74	47.8%	\$1,183.26	\$591.63
FAMILY	\$2,731.00	49.2%	\$1,344.52	50.8%	\$1,386.48	\$693.24
BCBS - PHDHP - 165602 (Includes an annual district HSA contribution of \$250)						
SINGLE	\$854.00	81.2%	\$693.25	18.8%	\$160.75	\$80.38
SINGLE +1 (dependent or spouse)	\$2,075.00	62.2%	\$1,289.74	37.8%	\$785.26	\$392.63
FAMILY	\$2,432.00	55.3%	\$1,344.52	44.7%	\$1,087.48	\$543.74
DENTAL PLAN OPTIONS	MONTHLY	DISTRICT	DISTRICT	EMPLOYEE	EMPLOYEE	PER PAYCHECK
BlueCare Dental PPO						
SINGLE	\$46.00	83.2%	\$38.28	16.8%	\$7.72	\$3.86
SINGLE +1 (dependent or spouse)	\$92.00	65.8%	\$60.57	34.2%	\$31.43	\$15.72
FAMILY	\$136.00	65.8%	\$89.55	34.2%	\$46.45	\$23.23
VOLUNTARY VISION	MONTHLY	DISTRICT	DISTRICT	EMPLOYEE	EMPLOYEE	PER PAYCHECK
PPO & HMO - Vision Service Plan (Group Vision 175 Plan)						
SINGLE	\$9.47	0.00%	\$0.00	100.00%	\$9.47	\$4.74
SINGLE +1 (dependent or spouse)	\$15.99	0.00%	\$0.00	100.00%	\$15.99	\$8.00
FAMILY	\$21.72	0.00%	\$0.00	100.00%	\$21.72	\$10.86
BASIC LIFE/AD&D	MONTHLY	DISTRICT	DISTRICT	EMPLOYEE	EMPLOYEE	PER PAYCHECK
\$12,000 Basic Life/AD&D (Contact District Office for additional voluntary life insurance coverage)						
EMPLOYEE (District Provided)	\$1.20	100.00%	\$1.20	0.00%	\$0.00	\$0.00
OPTIONAL WORK SITE BENEFITS	Optional work site benefits may be offered by the district and are voluntary with any such benefits paid for, in full, by the employee.					