

Appendix A

10 & 11 MONTH NON-CERTIFIED EMPLOYEES (30+ HRS) ESP

2026-2027 - PAYROLL DEDUCTION NON CERTIFIED	MONTHLY FY26 RATE SEP-DEC	MONTHLY FY27 RATE JAN-AUG	SCHOOL YEAR BLENDED RATE PER PAYCHECK
HMO Blue Adv 3 - B14332 (District Rate-Setting Plan)			19
SINGLE	\$62.47	\$92.47	\$52.09
SINGLE +1* (dependent or spouse)	\$1,188.47	\$1,320.47	\$806.19
FAMILY	\$1,271.47	\$1,410.47	\$861.56
HMO Blue Adv 2 - B03881			
SINGLE	\$87.47	\$137.47	\$76.30
SINGLE +1* (dependent or spouse)	\$1,236.47	\$1,412.47	\$855.03
FAMILY	\$1,329.47	\$1,515.47	\$917.98
BCBS - PPO - 165611 (District Rate-Setting Plan)			
SINGLE	\$155.25	\$273.75	\$147.95
SINGLE +1* (dependent or spouse)	\$1,514.25	\$1,838.75	\$1,093.00
FAMILY	\$1,731.25	\$2,088.75	\$1,243.95
BCBS - PPO - 165625			
SINGLE	\$220.25	\$348.75	\$193.21
SINGLE +1* (dependent or spouse)	\$1,593.25	\$1,929.75	\$1,147.95
FAMILY	\$1,851.25	\$2,227.75	\$1,327.74
DENTAL PLAN OPTIONS	PER PAYCHECK	PER PAYCHECK	PER PAYCHECK
BlueCare Dental PPO			
SINGLE	\$30.88	\$61.76	\$4.88
SINGLE +1* (dependent or spouse)	\$214.88	\$429.76	\$33.93
FAMILY	\$390.88	\$781.76	\$61.72
VOLUNTARY VISION	PER PAYCHECK	PER PAYCHECK	PER PAYCHECK
PPO & HMO - Vision Service Plan (Group Vision 175 Plan)			
SINGLE	\$37.88	\$75.76	\$5.98
SINGLE +1* (dependent or spouse)	\$63.96	\$127.92	\$10.10
FAMILY	\$86.88	\$173.76	\$13.72