Health Insurance Premiums 7/1/2025 – 6/30/2026

(Rates include Medical, Rx, Dental, and Vision coverage)

In-Network	Base (HDHP w/ HSA) Plan	Comprehensive (PPO) Plan
Deductible (Individual/Family)	$2,500/$5,000	$1,250/$2,500
Out-of-Pocket Maximum (Individual/Family)	$5,000/$9,000	$5,000/$10,000

Deductibles and Out-of-Pocket Maximums follow a calendar year of January 1st- December 31st.

Monthly Premiums	Health Insurance Premiums for Full Time Employees and Educators		
Effective: July 1, 2025 through June 30, 2026	Employee Only	Employee + One Dependent[1]	Employee + Family[1]
Base (HDHP w/ HSA) Plan[2] Employee Contributions Employer Contributions Total Monthly Premium	$ 31.00 (5%) $589.00 (95%) $620.00	$ 342.00 (25%) $1,028.00 (75%) $1,370.00	$ 463.00 (25%) $1,388.00 (75%) $1,851.00
Comprehensive (PPO) Plan Employee Contributions Employer Contributions Total Monthly Premium	$123.00 (15%) $700.00 (85%) $823.00	$ 455.00 (25%) $1,363.00 (75%) $1,818.00	$ 614.00 (25%) $1,843.00 (75%) $2,457.00

Monthly Premiums	Health Insurance Premiums for Part Time Employees (work 1000 hours or more per year) and Less than full Time Educators (work Half Time or more and less than Full Time)		
Effective: July 1, 2025 through June 30, 2026	Employee Only	Employee + One Dependent[1]	Employee + Family[1]
Base (HDHP w/ HSA) Plan[2] Employee Contributions Employer Contributions Total Monthly Premium	$248.00 (40%) $372.00 (60%) $620.00	$ 685.00 (50%) $ 685.00 (50%) $1,370.00	$ 925.00 (50%) $ 926.00 (50%) $1,851.00
Comprehensive (PPO) Plan Employee Contributions Employer Contributions Total Monthly Premium	$329.00 (40%) $494.00 (60%) $823.00	$ 909.00 (50%) $ 909.00 (50%) $1,818.00	$1,228.00 (50%) $1,229.00 (50%) $2,457.00

[1] Spousal Surcharge Fee of $200 to the employee may be applicable.

[2] Annual Employer HSA Contribution of $600 for Employee Only and $1,200 for Employee + Dependent and Employee + Family, not included. This will be paid over 24 payrolls and billed to locations separately.