

## 2025-2026 Insurance Costs

### Teachers and 10+ Month ESPs

2025-2026 (Renewal)						
Type	Plan	Monthly Premium	Annual Premium	Employee Payment (Annual)	Employee Payment (Monthly)	District Annual Contribution
PPO 1 (1500)	Single	\$882.85	\$10,594.20	\$2,247.72	\$187.31	\$8,346.48
	E + Spouse	\$1,697.13	\$20,365.56	\$8,519.08	\$709.92	\$11,846.48
	E + Children	\$1,793.45	\$21,521.40	\$10,674.92	\$889.58	\$10,846.48
	Family	\$2,607.72	\$31,292.64	\$17,446.16	\$1,453.85	\$13,846.48
PPO 2 (4250)	Single	\$815.27	\$9,783.24	\$1,436.76	\$119.73	\$8,346.48
	E + Spouse	\$1,567.22	\$18,806.64	\$6,960.16	\$580.01	\$11,846.48
	E + Children	\$1,656.15	\$19,873.80	\$9,027.32	\$752.28	\$10,846.48
	Family	\$2,408.10	\$28,897.20	\$15,050.72	\$1,254.23	\$13,846.48
HSA (6000)	Single	\$633.45	\$7,601.40	-\$745.08	X	\$8,346.48
	E + Spouse	\$1,217.70	\$14,612.40	\$2,765.92	\$230.49	\$11,846.48
	E + Children	\$1,286.80	\$15,441.60	\$4,595.12	\$382.93	\$10,846.48
	Family	\$1,871.06	\$22,452.72	\$8,606.24	\$717.19	\$13,846.48

### 9-Month ESPs

2025-2026 (Renewal)						
Type	Plan	Monthly Premium	Annual Premium	Employee Payment (Annual)	Employee Payment (Monthly)	District Annual Contribution
PPO 1 (1500)	Single	\$882.85	\$10,594.20	\$2,247.72	\$187.31	\$8,346.48
	E + Spouse	\$1,697.13	\$20,365.56	\$12,019.08	\$1,001.59	\$8,346.48
	E + Children	\$1,793.45	\$21,521.40	\$13,174.92	\$1,097.91	\$8,346.48
	Family	\$2,607.72	\$31,292.64	\$22,946.16	\$1,912.18	\$8,346.48
PPO 2 (4250)	Single	\$815.27	\$9,783.24	\$1,436.76	\$119.73	\$8,346.48
	E + Spouse	\$1,567.22	\$18,806.64	\$10,460.16	\$871.68	\$8,346.48
	E + Children	\$1,656.15	\$19,873.80	\$11,527.32	\$960.61	\$8,346.48
	Family	\$2,408.10	\$28,897.20	\$20,550.72	\$1,712.56	\$8,346.48
HSA (6000)	Single	\$633.45	\$7,601.40	-\$745.08	X	\$8,346.48
	E + Spouse	\$1,217.70	\$14,612.40	\$6,265.92	\$522.16	\$8,346.48
	E + Children	\$1,286.80	\$15,441.60	\$7,095.12	\$591.26	\$8,346.48
	Family	\$1,871.06	\$22,452.72	\$14,106.24	\$1,175.52	\$8,346.48

### All Employees

Dental	Monthly Premium	Employee Payment (Monthly)	District Payment (Monthly)
Single	\$43.73	\$15.31	\$28.42
E + Spouse	\$87.46	\$30.61	\$56.85
E + Children	\$106.36	\$37.23	\$69.13
Family	\$164.45	\$57.56	\$106.89
Vision	Monthly Premium	Employee Payment (Monthly)	District Payment (Monthly)
Single	\$5.97	\$2.09	\$3.88
E + Spouse	\$11.34	\$3.97	\$7.37
E + Children	\$11.94	\$4.18	\$7.76
Family	\$17.55	\$6.14	\$11.41