



**GOVERNING BOARD AGENDA ITEM
AMPHITHEATER UNIFIED SCHOOL DISTRICT NO. 10**

DATE OF MEETING: **March 24, 2026**

TITLE: **Approval of Employee Insurance Rates**

BACKGROUND:

The District transitioned to a self-insured health plan effective July 1, 2024, in partnership with Kairos. Since the transition, health insurance rates have remained unchanged.

Beginning in the 2026–2027 school/fiscal year, the District will implement a 3% rate increase for employee health insurance. This adjustment reflects ongoing efforts to maintain the financial sustainability of the self-insured plan while continuing to provide comprehensive health coverage for employees and their families.

In addition to the rate adjustment, the District will modify its dependent coverage structure. Previously, the District offered a dependent tier of “Employee + Child(ren).” Beginning in FY 2026–2027, this tier will be changed to Employee + Child. Multiple children will use the Employee + Family tier. This change more accurately aligns premium tiers with actual dependent enrollment and helps ensure equitable cost distribution across plan participants.

Deductibles are as follows:

- High-Deductible Health Plan (HDHP) - \$2,000
- Gold Plan - \$750.
- Silver Plan - \$1,200

Out-of-Pocket Maximums:

\$5,000 individual / \$10,000 family across all plans

Co-Pays are as follows:

- Gold Plan - PCP copay: \$25 (from \$28), Specialist copay: \$50 (from \$36) and Urgent Care \$100.
- Silver Plan- PCP copay: \$25 (from \$32), Specialist copay: \$50 (from \$40) and Urgent Care \$100.

Pharmacy Benefit Changes:

Traditional medications will move to MedImpact and Specialty drugs will transition to Archimedes, providing an estimated \$250,000 savings with minimal disruption.

Medical

Insurance Plan	Coverage Level	Current Monthly Rates	Proposed Rates	Overall Change \$ Per Month
Gold	EE Only	\$ 922.00	\$ 950.00	\$ 28.00
	EE + Spouse	\$ 1,825.00	\$ 1,880.00	\$ 55.00
	EE + Child	\$ 1,698.00	\$ 1,749.00	\$ 51.00
	EE + Family	\$ 2,470.00	\$ 2,544.00	\$ 74.00
Silver	EE Only	\$ 843.00	\$ 868.00	\$ 25.00
	EE + Spouse	\$ 1,668.00	\$ 1,718.00	\$ 50.00
	EE + Child	\$ 1,552.00	\$ 1,599.00	\$ 47.00
	EE + Family	\$ 2,257.00	\$ 2,325.00	\$ 68.00
HDHP	EE Only	\$ 718.00	\$ 740.00	\$ 22.00
	EE + Spouse	\$ 1,421.00	\$ 1,464.00	\$ 43.00
	EE + Child	\$ 1,322.00	\$ 1,362.00	\$ 40.00
	EE + Family	\$ 1,923.00	\$ 1,981.00	\$ 58.00

Delta Dental

Tier	EE Monthly Cost	Change
Employee Only	\$45.29	+\$1.00
Employee + Spouse	\$92.64	+\$2.00
Employee + Child	\$77.19	+\$2.00
Family	\$118.39	+\$2.00

TDA Dental

Tier	EE Monthly Cost	Change
Employee Only	\$10.80	+\$0.40
Employee + Spouse	\$21.60	+\$0.80
Employee + Child	\$23.80	+\$0.92
Family	\$27.00	+\$1.00

VSP Vision

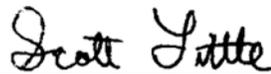
Tier	EE Monthly Cost	Change
Employee Only	\$7.56	+\$0.37
Employee + Spouse	\$15.07	+\$0.68
Employee + Child	\$16.22	+\$0.83
Family	\$25.77	+\$1.17

The District remains committed to monitoring plan performance and working with its partners to maintain high-quality, affordable health coverage for employees.

RECOMMENDATION:

It is the recommendation of the Administration that the insurance rates and plans be approved for fiscal year 2027.

INITIATED BY:



John Hastings, Director of Human Resources
Scott Little, Chief Financial Officer

Date: March 16, 2026



Todd A. Jaeger, J.D., Superintendent