2026-2027 INSURANCE PREMIUM RATES

PLAN YEAR: JULY 1 - JUNE 30

DEDUCTIBLE YEAR: JAN 1 - DEC 31

HEALTH INSURANCE

PPO SELECT 4	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	800.00	800.00	**0.00**
Employee & Spouse	1641.00	800.00	**841.00**
Employee & Child(ren)	1383.00	800.00	**583.00**
Family	2052.00	800.00	**1252.00**

PPO SELECT 2	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	859.00	800.00	**59.00**
Employee & Spouse	1763.00	800.00	**963.00**
Employee & Child(ren)	1485.00	800.00	**685.00**
Family	2203.00	800.00	**1403.00**

PPO9	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	800.00	800.00	**0.00**
Employee & Spouse	1648.00	800.00	**848.00**
Employee & Child(ren)	1386.00	800.00	**586.00**
Family	2059.00	800.00	**1259.00**

KAISER DHMO 4000	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	834.00	800.00	**34.00**
Employee & Spouse	1368.00	800.00	**568.00**
Employee & Child(ren)	1441.00	800.00	**641.00**
Family	2142.00	800.00	**1342.00**

DENTAL INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	48.00	48.00	**0.00**
Employee & Spouse	98.00	48.00	**50.00**
Employee & Child(ren)	142.00	48.00	**94.00**
Family	169.00	48.00	**121.00**

LIFE INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	2.80	2.80	**0.00**

VOLUNTARY VISION INSURANCE	Total Monthly Premium	Monthly District Paid Benefit	Monthly Payroll Deduction
Employee	9.00	0.00	**9.00**
Employee & Spouse	12.00	0.00	**12.00**
Employee & Child(ren)	11.00	0.00	**11.00**
Family	20.00	0.00	**20.00**