

Corning Union Elementary INSURANCE COSTS

July 1, 2025 through June 30, 2026

Classified Insurance - 10 Mo. Employee's

July 1, 2025 through September 30, 2025

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,529.00	2,244.00	1,871.00	1,445.00	2,082.00	1,247.00	1,138.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,652.14	2,367.14	1,994.14	1,568.14	2,205.14	1,370.14	1,261.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	1,443.81	1,158.81	785.81	359.81	996.81	161.81	52.81
July 2024 Coverage Pmt.	131.26	105.35	71.44	32.71	90.62	14.71	4.80
Total Monthly Pmt.	1,575.07	1,264.16	857.25	392.52	1,087.43	176.52	57.61

October 1, 2025 through June 30, 2026

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,827.00	2,508.00	2,092.00	1,615.00	2,329.00	1,395.00	1,272.00
Dental	112.31	112.31	112.31	112.31	112.31	112.31	112.31
Vision	16.99	16.99	16.99	16.99	16.99	16.99	16.99
Total Insurance Cost	2,956.30	2,637.30	2,221.30	1,744.30	2,458.30	1,524.30	1,401.30
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Mo. Pmt. w/o July Ins.	1,747.97	1,428.97	1,012.97	535.97	1,249.97	315.97	192.97
July 2024 Coverage Pmt.	131.26	105.35	71.44	32.71	90.62	14.71	4.80
Total Monthly Pmt.	1,879.23	1,534.32	1,084.41	568.68	1,340.59	330.68	197.77

Classified Insurance - 12 Mo. Employee's

July 1, 2025 through September 30, 2025

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,529.00	2,244.00	1,871.00	1,445.00	2,082.00	1,247.00	1,138.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	16.18	16.18	16.18	16.18	16.18	16.18	16.18
Total Insurance Cost	2,652.14	2,367.14	1,994.14	1,568.14	2,205.14	1,370.14	1,261.14
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Monthly Payment	1,443.81	1,158.81	785.81	359.81	996.81	161.81	52.81

October 1, 2025 through June 30, 2026

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,827.00	2,508.00	2,092.00	1,615.00	2,329.00	1,395.00	1,272.00
Dental	112.31	112.31	112.31	112.31	112.31	112.31	112.31
Vision	16.99	16.99	16.99	16.99	16.99	16.99	16.99
Total Insurance Cost	2,956.30	2,637.30	2,221.30	1,744.30	2,458.30	1,524.30	1,401.30
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Monthly Payment	1,747.97	1,428.97	1,012.97	535.97	1,249.97	315.97	192.97

Annual Cost of Insurance (Based on a full time Employee - 12 months of Coverage)

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	33,030.00	29,304.00	24,441.00	18,870.00	27,207.00	16,296.00	14,862.00
Dental	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67
Vision	201.45	201.45	201.45	201.45	201.45	201.45	201.45
Total Plan Cost	34,563.12	30,837.12	25,974.12	20,403.12	28,740.12	17,829.12	16,395.12
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Employee Total	20,063.12	16,337.12	11,474.12	5,903.12	14,240.12	3,329.12	1,895.12