

## Corning Union Elementary INSURANCE COSTS

### July 1, 2026 through June 30, 2027

#### Classified Insurance - 10 Mo. Employee's

July 1, 2026 through September 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 2026 Coverage Pmt.	158.91	129.91	92.09	48.72	113.63	28.72	17.54
<b>Total Monthly Pmt.</b>	<b>1,906.88</b>	<b>1,558.88</b>	<b>1,105.06</b>	<b>584.69</b>	<b>1,363.60</b>	<b>344.69</b>	<b>210.51</b>

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	3,054.00	2,710.00	2,260.00	1,745.00	2,515.00	1,507.00	1,374.00
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	3,183.30	2,839.30	2,389.30	1,874.30	2,644.30	1,636.30	1,503.30
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.	1,974.97	1,630.97	1,180.97	665.97	1,435.97	427.97	294.97
July 2026 Coverage Pmt.	158.91	129.91	92.09	48.72	113.63	28.72	17.54
<b>Total Monthly Pmt.</b>	<b>2,133.88</b>	<b>1,760.88</b>	<b>1,273.06</b>	<b>714.69</b>	<b>1,549.60</b>	<b>456.69</b>	<b>312.51</b>

#### Classified Insurance - 12 Mo. Employee's

July 1, 2026 through September 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)
<b>Monthly Payment</b>	<b>1,747.97</b>	<b>1,428.97</b>	<b>1,012.97</b>	<b>535.97</b>	<b>1,249.97</b>	<b>315.97</b>	<b>192.97</b>

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	3,054.00	2,710.00	2,260.00	1,745.00	2,515.00	1,507.00	1,374.00
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	3,183.30	2,839.30	2,389.30	1,874.30	2,644.30	1,636.30	1,503.30
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
<b>Monthly Payment</b>	<b>1,974.97</b>	<b>1,630.97</b>	<b>1,180.97</b>	<b>665.97</b>	<b>1,435.97</b>	<b>427.97</b>	<b>294.97</b>

**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	35,967.00	31,914.00	26,616.00	20,550.00	29,622.00	17,748.00	16,182.00
Dental	1,347.72	1,347.72	1,347.72	1,347.72	1,347.72	1,347.72	1,347.72
Vision	203.88	203.88	203.88	203.88	203.88	203.88	203.88
Total Plan Cost	37,518.60	33,465.60	28,167.60	22,101.60	31,173.60	19,299.60	17,733.60
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
<b>Annual Employee Total</b>	<b>23,018.60</b>	<b>18,965.60</b>	<b>13,667.60</b>	<b>7,601.60</b>	<b>16,673.60</b>	<b>4,799.60</b>	<b>3,233.60</b>