

CONFIDENTIAL - RETIREE Insurance Costs

July 1, 2026 through June 30, 2027

July 1, 2026 through September 30, 2026

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	3,856.00	3,083.00	2,399.00	2,205.00	3,184.00	1,803.00	1,651.00
Dental	124.24	124.24	124.24	124.24	124.24	124.24	124.24
Vision	28.87	28.87	28.87	28.87	28.87	28.87	28.87
Total Insurance Cost	4,009.11	3,236.11	2,552.11	2,358.11	3,337.11	1,956.11	1,804.11
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Retiree Portion	2,800.78	2,027.78	1,343.78	1,149.78	2,128.78	747.78	595.78

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	4,186.00	3,346.00	2,603.00	2,393.00	3,456.00	1,957.00	1,792.00
Dental	124.24	124.24	124.24	124.24	124.24	124.24	124.24
Vision	28.87	28.87	28.87	28.87	28.87	28.87	28.87
Total Insurance Cost	4,339.11	3,499.11	2,756.11	2,546.11	3,609.11	2,110.11	1,945.11
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Retiree Portion	3,130.78	2,290.78	1,547.78	1,337.78	2,400.78	901.78	736.78

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

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	49,242.00	39,363.00	30,624.00	28,152.00	40,656.00	23,022.00	21,081.00
Dental	1,490.88	1,490.88	1,490.88	1,490.88	1,490.88	1,490.88	1,490.88
Vision	346.44	346.44	346.44	346.44	346.44	346.44	346.44
Total Plan	51,079.32	41,200.32	32,461.32	29,989.32	42,493.32	24,859.32	22,918.32
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Retiree Total	36,579.32	26,700.32	17,961.32	15,489.32	27,993.32	10,359.32	8,418.32

Confidential Retiree Insurance - w/Spouse on Medicare A&B

July 1, 2026 through September 30, 2026

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,238.00	1,807.00	1,399.00	1,350.00		Not Available	
Dental	124.24	124.24	124.24	124.24			
Vision	28.87	28.87	28.87	28.87			
Total Insurance Cost	2,391.11	1,960.11	1,552.11	1,503.11			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
Retiree Portion	1,182.78	751.78	343.78	294.78			

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,749.00	2,219.00	1,718.00	1,657.00		Not Available	
Dental	124.24	124.24	124.24	124.24			
Vision	28.87	28.87	28.87	28.87			
Total Insurance Cost	2,902.11	2,372.11	1,871.11	1,810.11			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
Retiree Portion	1,693.78	1,163.78	662.78	601.78			

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

	Plan 1A	Plan 7C	Plan 9D	Plan 10C
Medical	31,455.00	25,392.00	19,659.00	18,963.00
Dental	1,490.88	1,490.88	1,490.88	1,490.88
Vision	346.44	346.44	346.44	346.44
Total Plan	33,292.32	27,229.32	21,496.32	20,800.32
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Retiree Total	18,792.32	12,729.32	6,996.32	6,300.32