

CLASSIFIED - RETIREE Insurance Costs
July 1, 2026 through June 30, 2027

July 1, 2026 through September 30, 2026

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	3,856.00	3,411.00	2,900.00	2,280.00	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	23.05	23.05	23.05	23.05	23.05	23.05	23.05
Total Insurance Cost	4,003.29	3,558.29	3,047.29	2,427.29	3,331.29	1,950.29	1,798.29
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	2,794.96	2,349.96	1,838.96	1,218.96	2,122.96	741.96	589.96

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	4,186.00	3,736.00	3,148.00	2,475.00	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	23.05	23.05	23.05	23.05	23.05	23.05	23.05
Total Insurance Cost	4,333.29	3,883.29	3,295.29	2,622.29	3,603.29	2,104.29	1,939.29
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	3,124.96	2,674.96	2,086.96	1,413.96	2,394.96	895.96	730.96

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

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	49,242.00	43,857.00	37,032.00	29,115.00	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	276.60	276.60	276.60	276.60	276.60	276.60	276.60
Total Plan	51,009.48	45,624.48	38,799.48	30,882.48	42,423.48	24,789.48	22,848.48
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	36,509.48	31,124.48	24,299.48	16,382.48	27,923.48	10,289.48	8,348.48

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

July 1, 2026 through September 30, 2026

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,584.00	2,333.00	2,008.00	1,638.00		Not Available	
Dental	124.24	124.24	124.24	124.24			
Vision	23.05	23.05	23.05	23.05			
Total Insurance Cost	2,731.29	2,480.29	2,155.29	1,785.29			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
Retiree Portion	1,522.96	1,271.96	946.96	576.96			

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 4A	Plan 8A	Plan 10A	Wellness	HDHP2	Bronze
Medical	2,749.00	2,480.00	2,132.00	1,736.00		Not Available	
Dental	124.24	124.24	124.24	124.24			
Vision	23.05	23.05	23.05	23.05			
Total Insurance Cost	2,896.29	2,627.29	2,279.29	1,883.29			
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)			
Retiree Portion	1,687.96	1,418.96	1,070.96	674.96			

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

	Plan 1A	Plan 4A	Plan 8A	Plan 10A
Medical	32,493.00	29,319.00	25,212.00	20,538.00
Dental	1,490.88	1,490.88	1,490.88	1,490.88
Vision	276.60	276.60	276.60	276.60
Total Plan	34,260.48	31,086.48	26,979.48	22,305.48
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Retiree Total	19,760.48	16,586.48	12,479.48	7,805.48