CERTIFICATED	PLAN 1-A	PLAN 3-B	PLAN 4-C	PLAN 8-D	WELLNESS 1	HDHP 1	BRONZE
Monthly Medical/RX Premium	$ 3,054.00	$ 2,807.00	$ 2,667.00	$ 2,138.00	$ 2,515.00	$ 1,687.00	$ 1,374.00
Monthly Dental Premium	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17
Monthly Vision Premium	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98
Total Monthly M/D/V Premiums	$ 3,236.15	$ 2,989.15	$ 2,849.15	$ 2,320.15	$ 2,697.15	$ 1,869.15	$ 1,556.15
Monthly District Contribution*	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Applies to certificated staff who receive **11 regular paychecks** or **11 regular paychecks + 1 deferred "summer check"**							
Monthly Employee Cost (11 Checks)	**$ 2,193.98**	**$ 1,924.53**	**$ 1,771.80**	**$ 1,194.71**	**$ 1,605.98**	**$ 702.71**	**$ 361.25**
Prior Year Employee Monthly Cost	$ 1,333.81	$ 1,153.81	$ 1,052.36	$ 666.17	$ 941.08	$ 337.81	$ 126.17
Increased Monthly Cost	$ 860.17	$ 770.72	$ 719.44	$ 528.53	$ 664.90	$ 364.90	$ 235.08

EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS @ .83 FTE (5 Sections/No Prep)							
Applies to certificated staff who receive **11 regular paychecks** or **11 regular paychecks + 1 deferred "summer check"**							
Monthly District Contribution* (@ .83 FT	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75	$ 1,016.75
Monthly Employee Cost (11 Checks)	**$ 2,421.16**	**$ 1,258.70**	**$ 1,148.03**	**$ 726.74**	**$ 1,026.64**	**$ 929.89**	**$ 137.64**

EMPLOYEE OUT OF POCKET COST - 12 PAY CHECKS							
Applies to certificated staff who receive **12 regular paychecks (July-June)**							
Monthly Employee Cost (12 Checks)	**$ 2,011.15**	**$ 1,764.15**	**$ 1,624.15**	**$ 1,095.15**	**$ 1,472.15**	**$ 644.15**	**$ 331.15**
Prior Year Employee Monthly Cost	$ 1,222.66	$ 1,057.66	$ 964.66	$ 610.66	$ 862.66	$ 309.66	$ 115.66
Increased Monthly Cost	$ 788.49	$ 706.49	$ 659.49	$ 484.49	$ 609.49	$ 334.49	$ 215.49

* District contribution based on current annual cap of $14,700

rev 8/1/26 KH

CERTIFICATED DUAL 11 Checks	PLAN 1-A	PLAN 3-B	PLAN 4-C	PLAN 8-D	WELLNESS 1	HDHP 1	BRONZE
75% DUAL Discounted Premium	$ 2,291.00	$ 2,106.00	$ 2,001.00	$ 1,604.00	$ 1,887.00	$ 1,266.00	$ 1,031.00
Monthly Dental Premium	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17	$ 163.17
Monthly Vision Premium	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98	$ 18.98
Total Monthly M/D/V Premiums	$ 2,473.15	$ 2,288.15	$ 2,183.15	$ 1,786.15	$ 2,069.15	$ 1,448.15	$ 1,213.15
Monthly District Contribution*	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00	$ 1,225.00
EMPLOYEE OUT OF POCKET COST - 11 PAY CHECKS							
Monthly Employee Cost (11 Checks)	**$ 1,361.62**	**$ 1,159.80**	**$ 1,045.25**	**$ 612.16**	**$ 920.89**	**$ 243.44**	**$ -**
Prior Year Employee Monthly Cost	$ 777.45	$ 642.17	$ 566.90	$ 276.72	$ 482.90	$ 30.17	$ -
Increased Monthly Cost	$ 584.17	$ 517.63	$ 478.35	$ 335.44	$ 437.99	$ 213.26	$ -

* District contribution based on current annual cap of $14,700

Above monthly deductions apply to certificated staff who receive 11 regular paychecks or 11 regular paychecks + 1 deferred "summer check".

rev 8/1/26 KH