

Corning Union Elementary INSURANCE COSTS

July 1, 2026 through June 30, 2027

Unrepresented/Administration - Married Rate with Dual Coverage

July 1, 2026 through September 30, 2026

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,120.00	1,688.00	1,316.00	1,182.00	1,747.00	1,046.00	954.00
Dental	106.96	106.96	106.96	106.96	106.96	106.96	106.96
Vision	20.26	20.26	20.26	20.26	20.26	20.26	20.26
Total Insurance Cost	2,247.22	1,815.22	1,443.22	1,309.22	1,874.22	1,173.22	1,081.22
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Total Monthly Pmt.	1,038.89	606.89	234.89	100.89	665.89	(35.11)	(127.11)

October 1, 2026 through June 30, 2027

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	2,291.00	1,823.00	1,421.00	1,277.00	1,886.00	1,130.00	1,031.00
Dental	112.31	112.31	112.31	112.31	112.31	112.31	112.31
Vision	21.28	21.28	21.28	21.28	21.28	21.28	21.28
Total Insurance Cost	2,424.59	1,956.59	1,554.59	1,410.59	2,019.59	1,263.59	1,164.59
District CAP	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)	(1,208.33)
Total Monthly Pmt.	1,216.26	748.26	346.26	202.26	811.26	55.26	(43.74)

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

	Plan 1A	Plan 7C	Plan 9D	Plan 10C	Wellness	HDHP2	Bronze
Medical	26,979.00	21,471.00	16,737.00	15,039.00	22,215.00	13,308.00	12,141.00
Dental	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67	1,331.67
Vision	252.30	252.30	252.30	252.30	252.30	252.30	252.30
Total Plan	28,562.97	23,054.97	18,320.97	16,622.97	23,798.97	14,891.97	13,724.97
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual EE Total	14,062.97	8,554.97	3,820.97	2,122.97	9,298.97	391.97	(775.03)