

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

Certificated Retiree Insurance

July 1, 2026 through September 30, 2026

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D | Wellness | HDHP1 | Bronze |
|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|---------------|
| Medical | 3,856.00 | 3,575.00 | 3,418.00 | 2,072.00 | 3,184.00 | 2,032.00 | 1,651.00 |
| Retiree District CAP | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) |
| Retiree Portion | 2,799.56 | 2,518.56 | 2,361.56 | 1,015.56 | 2,127.56 | 975.56 | 594.56 |

October 1, 2026 through June 30, 2027

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D | Wellness | HDHP1 | Bronze |
|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|
| Medical | 4,186.00 | 3,881.00 | 3,710.00 | 2,248.00 | 3,456.00 | 2,205.00 | 1,792.00 |
| Retiree District CAP | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) |
| Retiree Portion | 3,129.56 | 2,824.56 | 2,653.56 | 1,191.56 | 2,399.56 | 1,148.56 | 735.56 |

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

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D | Wellness | HDHP1 | Bronze |
|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|-----------------|
| Medical | 49,242.00 | 45,654.00 | 43,644.00 | 26,448.00 | 40,656.00 | 25,941.00 | 21,081.00 |
| Retiree District CAP | (12,677.32) | (12,677.32) | (12,677.32) | (12,677.32) | (12,677.32) | (12,677.32) | (12,677.32) |
| Retiree Annual Cost | 36,564.68 | 32,976.68 | 30,966.68 | 13,770.68 | 27,978.68 | 13,263.68 | 8,403.68 |

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

July 1, 2026 through September 30, 2026

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D | Wellness | HDHP1 | Bronze |
|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|---------------|
| Medical | 2,584.00 | 2,412.00 | 2,316.00 | 1,421.00 | | Not Available | |
| Retiree District CAP | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | | | |
| Retiree Portion | 1,527.56 | 1,355.56 | 1,259.56 | 364.56 | | | |

October 1, 2026 through June 30, 2027

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D | Wellness | HDHP1 | Bronze |
|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|---------------|
| Medical | 2,749.00 | 2,565.00 | 2,462.00 | 1,509.00 | | Not Available | |
| Retiree District CAP | (1,056.44) | (1,056.44) | (1,056.44) | (1,056.44) | | | |
| Retiree Portion | 1,692.56 | 1,508.56 | 1,405.56 | 452.56 | | | |

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

| | Plan 1A | Plan 3A | Plan 4B | Plan 10D |
|----------------------------|------------------|------------------|------------------|-----------------|
| Medical | 32,493.00 | 30,321.00 | 29,106.00 | 17,844.00 |
| Retiree District CAP | (12,677.32) | (12,677.32) | (12,677.32) | (12,677.32) |
| Retiree Annual Cost | 19,815.68 | 17,643.68 | 16,428.68 | 5,166.68 |

If Dental &/or Vision is chosen - Certificated Retiree's pay full cost

| | July-Sep | Oct-June | Annual |
|--------|-----------------|-----------------|---------------|
| Dental | 131.72 | 138.30 | 1,639.86 |
| Vision | 34.70 | 36.44 | 432.06 |