

Corning Union Elementary INSURANCE COSTS **July 1, 2025 through June 30, 2026**

Board Member INSURANCE COSTS - EMPLOYEE +FAMILY

July 1, 2025 through September 30, 2025

	Plan 3A	Plan 8D	Plan 9D	Plan 10D	Wellness	HDHP2	Bronze
Medical	2,838.00	2,151.00	1,907.00	1,634.00	2,530.00	1,516.00	1,383.00
Dental	137.16	137.16	137.16	137.16	137.16	137.16	137.16
Vision	26.10	26.10	26.10	26.10	26.10	26.10	26.10
Total Insurance Cost	3,001.26	2,314.26	2,070.26	1,797.26	2,693.26	1,679.26	1,546.26
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.	1,792.93	1,105.93	861.93	588.93	1,484.93	470.93	337.93

October 1, 2025 through June 30, 2026

	Plan 3A	Plan 8D	Plan 9D	Plan 10D	Wellness	HDHP2	Bronze
Medical	3,173.00	2,404.00	2,131.00	1,826.00	2,829.00	1,695.00	1,546.00
Dental	144.02	144.02	144.02	144.02	144.02	144.02	144.02
Vision	27.41	27.41	27.41	27.41	27.41	27.41	27.41
Total Insurance Cost	3,344.43	2,575.43	2,302.43	1,997.43	3,000.43	1,866.43	1,717.43
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.	2,136.10	1,367.10	1,094.10	789.10	1,792.10	658.10	509.10

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

	Plan 3A	Plan 8D	Plan 9D	Plan 10D	Wellness	HDHP2	Bronze
Medical	37,071.00	28,089.00	24,900.00	21,336.00	33,051.00	19,803.00	18,063.00
Dental	1,707.66	1,707.66	1,707.66	1,707.66	1,707.66	1,707.66	1,707.66
Vision	324.99	324.99	324.99	324.99	324.99	324.99	324.99
Total Plan	39,103.65	30,121.65	26,932.65	23,368.65	35,083.65	21,835.65	20,095.65
Annual CAP	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)	(14,500.00)
Annual Board Total	24,603.65	15,621.65	12,432.65	8,868.65	20,583.65	7,335.65	5,595.65