ORLAND UNIFIED SCHOOL DISTRICT
Pro-Rated Health Plan Premiums
2026/27
Updated rates effective 10/1/2026

Cap	22,350.77

HIGH PLAN Pro-Rated (11 Mo.)

Full-Time	% Covered	Employee Max Entitlement	Employee Monthly Max Entitlement	Employer Annual Contribution Oct-Sep	Employer Monthly Cost (to be entered in payroll)	High Plan Monthly Cost	Employee Monthly Cost (to be entered in payroll)
						2,222.15	12
						2,424.16	11
7.00	1.00	22,350.77	2,031.89	22,350.77	2,031.89		392.28
6.75	0.96	21,456.74	1,950.61	21,456.74	1,950.61		473.55
6.5	0.93	20,786.22	1,889.66	20,786.22	1,889.66		534.51
6.25	0.89	19,892.19	1,808.38	19,892.19	1,808.38		615.78
6	0.86	19,221.66	1,747.42	19,221.66	1,747.42		676.74
5.75	0.82	18,327.63	1,666.15	18,327.63	1,666.15		758.02
5.5	0.79	17,657.11	1,605.19	17,657.11	1,605.19		818.97
5.25	0.75	16,763.08	1,523.92	16,763.08	1,523.92		900.25
5	0.71	15,869.05	1,442.64	15,869.05	1,442.64		981.52
4.75	0.68	15,198.52	1,381.68	15,198.52	1,381.68		1,042.48
4.5	0.64	14,304.49	1,300.41	14,304.49	1,300.41		1,123.76
4.25	0.61	13,633.97	1,239.45	13,633.97	1,239.45		1,184.71
4	0.57	12,739.94	1,158.18	12,739.94	1,158.18		1,265.99

MIDDLE PLAN Pro-Rated (11 Mo.)

Full-Time	% Covered	Employee Max Entitlement	Employee Monthly Max Entitlement	Employer Annual Contribution Oct-Sep	Employer Monthly Cost (to be entered in payroll)	Middle Plan Monthly Cost	Employee Monthly Cost (to be entered in payroll)
						1,856.67	12
						2,025.46	11
7.00	1.00	21,286.45	1,935.13	22,350.77	2,031.89		-
6.75	0.96	20,434.99	1,857.73	21,456.74	1,950.61		167.73
6.5	0.93	19,796.40	1,799.67	20,786.22	1,889.66		225.79
6.25	0.89	18,944.94	1,722.27	19,892.19	1,808.38		303.19
6	0.86	18,306.35	1,664.21	19,221.66	1,747.42		361.24
5.75	0.82	17,454.89	1,586.81	18,327.63	1,666.15		438.65
5.5	0.79	16,816.30	1,528.75	17,657.11	1,605.19		496.70
5.25	0.75	15,964.84	1,451.35	16,763.08	1,523.92		574.11
5	0.71	15,113.38	1,373.94	15,869.05	1,442.64		651.51
4.75	0.68	14,474.79	1,315.89	15,198.52	1,381.68		709.57
4.5	0.64	13,623.33	1,238.48	14,304.49	1,300.41		786.97
4.25	0.61	12,984.73	1,180.43	13,633.97	1,239.45		845.03
4	0.57	12,133.28	1,103.03	12,739.94	1,158.18		922.43

LOW PLAN Pro-Rated (11 Mo.)

Full-Time	% Covered	Employee Max Entitlement	Employee Monthly Max Entitlement	Employer Annual Contribution Oct-Sep	Employer Monthly Cost (to be entered in payroll)	Low Plan Monthly Cost	Employee Monthly Cost (to be entered in payroll)
						1,597.70	12
						1,742.95	11
7.00	1.00	21,286.45	1,935.13	22,350.77	2,031.89		-
6.75	0.96	20,434.99	1,857.73	21,456.74	1,950.61		-
6.5	0.93	19,796.40	1,799.67	20,786.22	1,889.66		-
6.25	0.89	18,944.94	1,722.27	19,892.19	1,808.38		-
6	0.86	18,306.35	1,664.21	19,221.66	1,747.42		-
5.75	0.82	17,454.89	1,586.81	18,327.63	1,666.15		156.14
5.5	0.79	16,816.30	1,528.75	17,657.11	1,605.19		214.19
5.25	0.75	15,964.84	1,451.35	16,763.08	1,523.92		291.60
5	0.71	15,113.38	1,373.94	15,869.05	1,442.64		369.00
4.75	0.68	14,474.79	1,315.89	15,198.52	1,381.68		427.06
4.5	0.64	13,623.33	1,238.48	14,304.49	1,300.41		504.46
4.25	0.61	12,984.73	1,180.43	13,633.97	1,239.45		562.52
4	0.57	12,133.28	1,103.03	12,739.94	1,158.18		639.92