

HEALTH INSURANCE RATES: (7/1/2025- 6/30/2026)

PLAN COVERAGE	Monthly Rates	ALL 12 Month Employees Per Pay Period (24/yr.)	SCHOOLS 10 Month Employees ADDITIONAL HEALTH EXTRA DEDUCTION CODE AMOUNTS
HMO - HNE & BCBS			
#S03048-0011 #2322052			
EMPLOYEE'S SHARE - Family 23%	\$ 525.32	\$ 262.66	\$ 52.54
EMPLOYER'S SHARE - Family 77%	\$ 1,758.67		
TOTAL RATE - Family	\$ 2,283.99		
EMPLOYEE'S SHARE - Individual 23%	\$ 200.86	\$ 100.43	\$ 20.09
EMPLOYER'S SHARE - Individual 77%	\$ 672.41		
TOTAL RATE - Individual	\$ 873.27		
HMO: WISE MAX HIGH DEDUCTIBLE (HNE)			
#S03048-0021			
EMPLOYEE'S SHARE - Family 23%	\$ 398.10	\$ 199.05	\$ 39.81
EMPLOYER'S SHARE - Family 77%	\$ 1,332.78		
TOTAL RATE - Family	\$ 1,730.88		
EMPLOYEE'S SHARE - Individual 23%	\$ 155.30	\$ 77.65	\$ 15.53
EMPLOYER'S SHARE - Individual 77%	\$ 519.95		
TOTAL RATE - Individual	\$ 675.25		
PPO - HNE & BCBS			
#S03048-0001 #2299193			
EMPLOYEE'S SHARE - Family 35%	\$ 1,271.04	\$ 635.52	\$ 127.11
EMPLOYER'S SHARE - Family 65%	\$ 2,360.52		
TOTAL RATE - Family	\$ 3,631.56		
EMPLOYEE'S SHARE - Individual 35%	\$ 476.00	\$ 238.00	\$ 47.60
EMPLOYER'S SHARE - Individual 65%	\$ 883.97		
TOTAL RATE - Family	\$ 1,359.97		

Delta Dental Insurance Rates: (7/1/2023 - 6/30/2026)

	Monthly Premium	12 Month Employees	10 Month Employees Extra
Low (Base) Option #07096-9902			
Individual	\$34.41	\$17.21	\$20.65
Family	\$90.30	\$45.15	\$54.18
High Option #07096-9901			
Individual	\$44.92	\$22.46	\$26.95
Family	\$114.42	\$57.21	\$68.65