

Insurance Premiums for 2027	
1	100
2	100
3	100
4	100
5	100
6	100
7	100
8	100
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11	100
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93	100
94	100
95	100
96	100
97	100
98	100
99	100
100	100

Benefit Plan	Total Premium	School Board Contribution Monthly	Monthly Employee Contribution	Bi-Weekly Employee Contribution	Monthly Dual Spouse Employees	Part-time Employee Contribution Monthly	Wellness Credit Monthly	Wellness Credit Bi-Weekly
Equity 3500 + HSA								
Employee Only	\$ 1,165.14	\$ 1,115.14	\$ 50.00	\$ 25.00	N/A	\$ 261.20	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,392.85	\$ 1,193.28	\$ 199.57	\$ 99.79	N/A	\$ 425.57	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,563.91	\$ 1,264.03	\$ 299.88	\$ 149.94	N/A	\$ 539.28	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,710.69	\$ 1,321.06	\$ 389.63	\$ 194.82	\$ 100.40	\$ 639.83	\$ 50.00	\$ 25.00
Employee + Family	\$ 1,871.35	\$ 1,423.49	\$ 447.86	\$ 223.93	\$ 103.41	\$ 717.46	\$ 50.00	\$ 25.00
Vantage 35								
Employee Only	\$ 1,245.11	\$ 1,115.14	\$ 129.97	\$ 64.99	N/A	\$ 341.17	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,528.37	\$ 1,193.28	\$ 335.09	\$ 167.55	N/A	\$ 561.09	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,739.81	\$ 1,264.03	\$ 475.78	\$ 237.89	N/A	\$ 715.18	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,909.60	\$ 1,321.06	\$ 588.54	\$ 294.27	\$ 157.35	\$ 838.74	\$ 50.00	\$ 25.00
Employee + Family	\$ 2,094.45	\$ 1,423.49	\$ 670.96	\$ 335.48	\$ 181.59	\$ 940.56	\$ 50.00	\$ 25.00
POS 1000								
Employee Only	\$ 1,257.01	\$ 1,115.14	\$ 141.87	\$ 70.94	N/A	\$ 353.07	\$ 50.00	\$ 25.00
Employee + 1 Child	\$ 1,542.16	\$ 1,193.28	\$ 348.88	\$ 174.44	N/A	\$ 574.88	\$ 50.00	\$ 25.00
Employee + Children	\$ 1,754.78	\$ 1,264.03	\$ 490.75	\$ 245.38	N/A	\$ 730.15	\$ 50.00	\$ 25.00
Employee + Spouse	\$ 1,924.24	\$ 1,321.06	\$ 603.18	\$ 301.59	\$ 181.32	\$ 853.38	\$ 50.00	\$ 25.00
Employee + Family	\$ 2,108.57	\$ 1,423.49	\$ 685.08	\$ 342.54	\$ 206.30	\$ 954.68	\$ 50.00	\$ 25.00
DELTA DENTAL - PPO							****The Wellness credit is reflected in your paycheck each month****	
Employee Only	\$ 41.62	\$ 5.00	\$ 36.62	\$ 18.31	N/A	\$ 37.62		
Employee + Child	\$ 73.28	\$ 5.00	\$ 68.28	\$ 34.14	N/A	\$ 69.28		
Employee + Spouse	\$ 73.28	\$ 5.00	\$ 68.28	\$ 34.14	\$ 63.28	\$ 69.28		
Employee + Family	\$ 104.78	\$ 5.00	\$ 99.78	\$ 49.89	\$ 94.78	\$ 100.78		
DELTA DENTAL - DeltaEPO								
Employee Only	\$ 35.05	\$ 5.00	\$ 30.05	\$ 15.03	N/A	\$ 31.05		
Employee + Child	\$ 59.75	\$ 5.00	\$ 54.75	\$ 27.38	N/A	\$ 55.75		
Employee + Spouse	\$ 59.75	\$ 5.00	\$ 54.75	\$ 27.38	\$ 49.75	\$ 55.75		
Employee + Family	\$ 87.53	\$ 5.00	\$ 82.53	\$ 41.27	\$ 77.53	\$ 83.53		
Vision Service Plan - Choice Basic								
Employee Only	\$ 4.45	N/A	\$ 4.45	\$ 2.23	\$ 4.45	\$ 4.45		
Employee + Child(ren)	\$ 6.19	N/A	\$ 6.19	\$ 3.10	\$ 6.19	\$ 6.19		
Employee + Spouse	\$ 8.27	N/A	\$ 8.27	\$ 4.14	\$ 8.27	\$ 8.27		
Employee + Family	\$ 9.97	N/A	\$ 9.97	\$ 4.99	\$ 9.97	\$ 9.97		
Vision Service Plan - Choice High								
Employee Only	\$ 7.08	N/A	\$ 7.08	\$ 3.54	\$ 7.08	\$ 7.08		
Employee + Child(ren)	\$ 9.85	N/A	\$ 9.85	\$ 4.93	\$ 9.85	\$ 9.85		
Employee + Spouse	\$ 13.18	N/A	\$ 13.18	\$ 6.59	\$ 13.18	\$ 13.18		
Employee + Family	\$ 15.86	N/A	\$ 15.86	\$ 7.93	\$ 15.86	\$ 15.86		
Legal Resources								
Legal Plan	\$ 20.40	N/A	20.40	10.20	\$ 20.40	20.40		
IDP Gold Employee Only	\$ 9.60	N/A	9.60	4.80	\$ 9.60	9.60		
IDP Gold Couple	\$ 18.00	N/A	18.00	9.00	\$ 18.00	18.00		
IDP Gold Family	\$ 21.60	N/A	21.60	10.80	\$ 21.60	21.60		

Premium Information - Rates effective December 2025 - 10 deductions December to November
(No deductions in July and August)