## 2026 INSURANCE PREMIUM RATE SCHEDULE

### Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2026 through December 31, 2026

**Option 1 HEALTH INSURANCE: BCBS of MN - $1500/$3000 CMM Plan**

| COST PER MONTH: | | A: 6-8 hrs/dy 30-40 hrs/wk | B: 4-<6 hrs/dy 20-<30 hrs/wk |
|---|---|---|---|
| **SINGLE** | **Employee Share:** | **$274.24** | **$546.93** |
| | Board Contribution: | $681.72 | $409.03 |
| | Total Premium: | $955.96 | $955.96 |
| Single Cost Per Check with Year Round Deductions | | $137.12 | $273.46 |
| Single Cost Per Check with 16 Pay Perids Deductions | | $205.68 | $410.20 |
| **FAMILY** | **Employee Share:** | **$835.08** | **$1,664.33** |
| | Board Contribution: | $2,073.12 | $1,243.87 |
| | Total Premium: | $2,908.20 | $2,908.20 |
| Family Cost Per Check with Year Round Deductions | | $417.54 | $832.16 |
| Family Cost Per Check with 16 Pay Periods Deductions | | $626.31 | $1,248.25 |

Option 2 **HEALTH INSURANCE: BCBS of MN - Health Reimbursement Account**

| COST PER MONTH: | | A: 6-8 hrs/dy 30-40 hrs/wk | B: 4-< 6 hrs/dy 20 - <30 hrs/wk |
|---|---|---|---|
| | Total Premium: | $948.77 | $948.77 |
| | Board Contribution: | $681.72 | $409.03 |
| | HRA Funding | $83.33 | $83.33 |
| *** | Net District Contribution | $598.39 | $325.70 |
| **SINGLE** | **Employee Share:** | **$350.38** | **$623.07** |
| Single Cost Per Check with Year Round Deductions | | $175.19 | $311.53 |
| Single Cost Per Check with 16 Pay Periods Deductions | | $262.79 | $467.30 |
| | Total Premium: | $2,884.58 | $2,884.58 |
| | Board Contribution: | $2,073.12 | $1,243.87 |
| | HRA Funding | $166.67 | $166.67 |
| **** | Net District Contribution | $1,906.45 | $1,077.20 |
| **FAMILY** | **Employee Share:** | **$978.13** | **$1,807.38** |
| Family Cost Per Check with Year Round Deductions | | **$489.07** | **$903.69** |
| Family Cost Per Check with 16 Pay Periods Deductions | | **$733.60** | **$1,355.53** |

**District Funds 50% of the HRA Deductible ($1,000/single or $2,000/family)**

***Single= $1,000/12 = $83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $681.72. The $83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium.$681.72 - $83.33 = $598.39 to be paid by the District towards the monthly premium.

****Family = $2,000/12 = $166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $2,073.12. The $166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. $2,073.12 - $166.67 = $1,906.45 to be paid by the District towards the monthly premium.

*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.

**DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2026 through December 31, 2026**

**COST PER MONTH:**

| | | **A: 6-8 hrs/dy 30-40 hrs/wk** | **B: 4-<6 hrs/dy 20-<30 hrs/wk** |
|---|---|---|---|
| **SINGLE** | **Employee Share:** | **$13.77** | **$25.05** |
| | Board Contribution: | $28.20 | $16.92 |
| | Total Premium: | $41.97 | $41.97 |
| Single Cost Per Check with Year Round Deductions | | $6.89 | $12.53 |
| Single Cost Per Check with 16 Pay Perids Deductions | | $10.33 | $18.79 |
| **FAMILY** | **Employee Share:** | **$59.37** | **$85.11** |
| | Board Contribution: | $64.34 | $38.60 |
| | Total Premium: | $123.71 | $123.71 |
| Family Cost Per Check with Year Round Deductions | | $29.69 | $42.55 |
| Family Cost Per Check with 16 Pay Perids Deductions | | $44.53 | $63.83 |

**VISION COVERAGE**

| | |
|---|---|
| **Employee Only** | **$7.54/month** |
| **Employee + 1** | **$12.06/month** |
| **Employee + Children** | **$12.31/month** |
| **Family** | **$19.84/month** |

*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.