2026 INSURANCE PREMIUM RATE SCHEDULE

Administration; Community Services Coordinators; Confidential; Custodians; Head Custodians; Child Nutrition; Maintenance/Grnds/Electrical Coordinators; Nurses; COTA/Speech Language; Office Employees; Other Staff Principals; Superintendent; Technology; Educational Assistants *

HEALTH INSURANCE - BCBS of MN - Rates Effective January 1, 2026 through December 31, 2026

Option 1 HEALTH INSURANCE: $1500/$3000 CMM Plan

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk	
SINGLE	**Employee Share:**	**$274.24**	**$546.93**	**$615.10**	
	Board Contribution:	$681.72	$409.03	$340.86	Subject to change
	Total Premium:	$955.96	$955.96	$955.96	
Single Cost Per Check with Year Round Deducti		$137.12	$273.46	$307.55	
Single Cost Per Check with 16 Pay Perids Deduc		$205.68	$410.20	$461.33	
FAMILY	**Employee Share:**	**$835.08**	**$1,664.33**	**$1,871.64**	
	Board Contribution:	$2,073.12	$1,243.87	$1,036.56	Subject to change
	Total Premium:	$2,908.20	$2,908.20	$2,908.20	
Family Cost Per Check with Year Round Deduct		$417.54	$832.16	$935.82	
Family Cost Per Check with 16 Pay Periods Ded		$626.31	$1,248.25	$1,403.73	

Option 2 **HEALTH INSURANCE: Health Reimbursement Account**

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk	
	Total Premium:	$948.77	$948.77	$948.77	
	Board Contribution:	$681.72	$409.03	$340.86	Subject to change
	HRA Funding	$83.33	$83.33	$83.33	
***	Net District Contribution	$598.39	$325.70	$257.53	
SINGLE	**Employee Share:**	**$350.38**	**$623.07**	**$691.24**	
Single Cost Per Check with Year Round Deducti		$175.19	$311.53	$345.62	
Single Cost Per Check with 16 Pay Periods Dedu		$262.79	$467.30	$518.43	
	Total Premium:	$2,884.58	$2,884.58	$2,884.58	
	Board Contribution:	$2,073.12	$1,243.87	$1,036.56	Subject to change
	HRA Funding	$166.67	$166.67	$166.67	
****	Net District Contribution	$1,906.45	$1,077.20	$869.89	
FAMILY	**Employee Share:**	**$978.13**	**$1,807.38**	**$2,014.69**	
Family Cost Per Check with Year Round Deduct		$489.07	$903.69	$1,007.35	
Family Cost Per Check with 16 Pay Perids Dedu		$733.60	$1,355.53	$1,511.02	

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

***Single= $1,000.00/12 = $83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $681.72. The $83.33/mo. 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 = $2,000.00/12 = $166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $2,073.12. The $166.67/mo. 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.

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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: 5-<6 hrs/dy 25-<30 hrs/wk	C: 4-<5 hrs/dy 20-<25 hrs/wk
SINGLE	**Employee Share:**	**$13.77**	**$25.05**	**$27.87**
	Board Contribution:	$28.20	$16.92	$14.10
	Total Premium:	$41.97	$41.97	$41.97
Single Cost Per Check with Year Round Deducti		$6.89	$12.53	$13.94
Single Cost Per Check with 16 Pay Perids Deduc		$10.33	$18.79	$20.90

FAMILY	**Employee Share:**	**$59.37**	**$85.11**	**$91.54**
	Board Contribution:	$64.34	$38.60	$32.17
	Total Premium:	$123.71	$123.71	$123.71
Family Cost Per Check with Year Round Deduct		$29.69	$42.55	$45.77
Family Cost Per Check with 16 Pay Perids Dedu		$44.53	$63.83	$68.66

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.