

# 2026 INSURANCE PREMIUM SCHEDULE

Teachers

## HEALTH INSURANCE - Blue Cross Blue Shield of MN

Effective January 1, 2026 through December 31, 2026

### Option 1 \$1,500/\$3,000 CMM Plan

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$955.96	\$955.96	\$955.96	\$955.96	\$955.96	\$955.96
Board Contribution:	<u>\$714.19</u>	<u>\$499.93</u>	<u>\$446.37</u>	<u>\$428.51</u>	<u>\$392.80</u>	<u>\$357.10</u>
<b>SINGLE: Employee Cost per Month:</b>	<b>\$241.77</b>	<b>\$456.03</b>	<b>\$509.59</b>	<b>\$527.45</b>	<b>\$563.16</b>	<b>\$598.86</b>
Full Premium:	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20
Board Contribution:	<u>\$2,171.84</u>	<u>\$1,520.29</u>	<u>\$1,357.40</u>	<u>\$1,303.10</u>	<u>\$1,194.51</u>	<u>\$1,085.92</u>
<b>FAMILY: Employee Cost per Month:</b>	<b>\$736.36</b>	<b>\$1,387.91</b>	<b>\$1,550.80</b>	<b>\$1,605.10</b>	<b>\$1,713.69</b>	<b>\$1,822.28</b>

### Option 2 Health Reimbursement Account (HRA) - HRA account is funded each January and each July

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$948.77	\$948.77	\$948.77	\$948.77	\$948.77	\$948.77
Board Contribution:	\$714.19	\$499.93	\$446.37	\$428.51	\$392.80	\$357.10
HRA Funding	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>	<u>\$83.33</u>
*** Net District Contribution:	\$630.86	\$416.60	\$363.04	\$345.18	\$309.47	\$273.77
<b>SINGLE: Employee Cost per Month:</b>	<b>\$317.91</b>	<b>\$532.17</b>	<b>\$585.73</b>	<b>\$603.59</b>	<b>\$639.30</b>	<b>\$675.01</b>
Full Premium:	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58
Board Contribution:	\$2,171.84	\$1,520.29	\$1,357.40	\$1,303.10	\$1,194.51	\$1,085.92
HRA Funding	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>	<u>\$166.67</u>
**** Net District Contribution	\$2,005.17	\$1,353.62	\$1,190.73	\$1,136.43	\$1,027.84	\$919.25
<b>FAMILY: Employee Cost per Month:</b>	<b>\$879.41</b>	<b>\$1,530.96</b>	<b>\$1,693.85</b>	<b>\$1,748.15</b>	<b>\$1,856.74</b>	<b>\$1,965.33</b>

### 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 \$714.19. The \$83.33/mo. that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium.  
\$714.19 - \$83.33 = \$630.86 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 \$2,171.84. The \$166.67/mo. that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium.  
\$2,171.84 - \$166.67 = \$2,005.17 to be paid by the District towards the monthly premium.

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### DENTAL - Delta Dental - Rates Effective January 1, 2026 through December 31, 2026

	1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
Full Premium:	\$41.97	\$41.97	\$41.97	\$41.97	\$41.97	\$41.97
<u>Board Contribution:</u>	<u>\$28.20</u>	<u>\$19.74</u>	<u>\$17.63</u>	<u>\$16.92</u>	<u>\$15.51</u>	<u>\$14.10</u>
<b>SINGLE: Employee Cost per Month:</b>	<b>\$13.77</b>	<b>\$22.23</b>	<b>\$24.35</b>	<b>\$25.05</b>	<b>\$26.46</b>	<b>\$27.87</b>
Full Premium:	\$123.71	\$123.71	\$123.71	\$123.71	\$123.71	\$123.71
<u>Board Contribution:</u>	<u>\$64.34</u>	<u>\$45.04</u>	<u>\$40.21</u>	<u>\$38.60</u>	<u>\$35.39</u>	<u>\$32.17</u>
<b>FAMILY: Employee Cost per Month:</b>	<b>\$59.37</b>	<b>\$78.67</b>	<b>\$83.50</b>	<b>\$85.11</b>	<b>\$88.32</b>	<b>\$91.54</b>

Note: The NEA Agreement prorates benefits payable to those employees who work .5 FTE to less than .75FTE, commensurate with the amount of time the teacher works. Teachers working part-time 1st Semester 93-94, who were enrolled in health/dental benefits, shall continue to receive their benefits paid as per a full time teacher. Also, teachers who were employed full time 1st Semester 93-94, and enrolled in health/dental insurance, and whose contracts are subsequently involuntarily reduced, shall continue to receive their benefits paid as per a full time teacher.

### VISION COVERAGE

<b>Employee Only</b>	<b>\$7.54/month</b>
<b>Employee + 1</b>	<b>\$12.06/month</b>
<b>Employee + Children</b>	<b>\$12.31/month</b>
<b>Family</b>	<b>\$19.84/month</b>