

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>\$681.72</u>	<u>\$477.20</u>	<u>\$426.08</u>	<u>\$409.03</u>	<u>\$374.95</u>	<u>\$340.86</u>
SINGLE Employee Cost per Month:	\$274.24	\$478.76	\$529.89	\$546.93	\$581.01	\$615.10
Full Premium:	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20	\$2,908.20
Board Contribution:	<u>\$2,073.12</u>	<u>\$1,451.18</u>	<u>\$1,295.70</u>	<u>\$1,243.87</u>	<u>\$1,140.22</u>	<u>\$1,036.56</u>
FAMILY Employee Cost per Month:	\$835.08	\$1,457.02	\$1,612.50	\$1,664.33	\$1,767.98	\$1,871.64

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:	\$681.72	\$477.20	\$426.08	\$409.03	\$374.95	\$340.86
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:	\$598.39	\$393.87	\$342.75	\$325.70	\$291.62	\$257.53
SINGLE Employee Cost per Month:	\$350.38	\$554.90	\$606.03	\$623.07	\$657.15	\$691.24
Full Premium:	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58	\$2,884.58
Board Contribution:	\$2,073.12	\$1,451.18	\$1,295.70	\$1,243.87	\$1,140.22	\$1,036.56
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	\$1,906.45	\$1,284.51	\$1,129.03	\$1,077.20	\$973.55	\$869.89
FAMILY Employee Cost per Month:	\$978.13	\$1,600.07	\$1,755.55	\$1,807.38	\$1,911.03	\$2,014.69

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.

District contribution towards health insurance is subject to change upon the settlement of the 2025-2027 NEA Agreement

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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>
SINGLE Employee Cost per Month:	\$13.77	\$22.23	\$24.35	\$25.05	\$26.46	\$27.87

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>
FAMILY Employee Cost per Month:	\$59.37	\$78.67	\$83.50	\$85.11	\$88.32	\$91.54

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

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