

2026 PREMIUM RATE CHART

Plan Year: January 1, 2026 - December 31, 2026

Florida Blue HMO Plan			
School Related Personnel (SRP)			
Non-Bargaining Employees (NNB)			
Coverage Selected	Monthly Premium	24 Deductions Per Pay Rate	22 Deductions Per Pay Rate
Employee Only	\$ 18.00	\$ 9.00	\$ 9.82
Employee Plus Child	\$ 478.00	\$ 239.00	\$ 260.73
Employee Plus Children	\$ 588.00	\$ 294.00	\$ 320.73
Employee plus family	\$ 1,568.00	\$ 784.00	\$ 855.27
*If covering only a spouse you must select Employee plus family coverage			

Florida Blue HMO Plan			
Instructional			
ProTech and Administrators			
Coverage Selected	Monthly Premium	24 Deductions Per Pay Rate	22 Deductions Per Pay Rate
Employee Only	\$ 36.00	\$ 18.00	\$ 19.64
Employee Plus Child	\$ 478.00	\$ 239.00	\$ 260.73
Employee Plus Children	\$ 588.00	\$ 294.00	\$ 320.73
Employee plus family	\$ 1,568.00	\$ 784.00	\$ 855.27
*If covering only a spouse you must select Employee plus family coverage			

DELTA DENTAL RATES 24 Deducts			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 9.75	\$ 14.72	\$ 22.04
Employee plus 1	\$ 17.06	\$ 35.73	\$ 54.96
Employee plus 2 or more	\$ 26.82	\$ 49.88	\$ 75.23

DELTA DENTAL RATES 22 Deducts			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 10.64	\$ 16.06	\$ 24.04
Employee plus 1	\$ 18.61	\$ 38.98	\$ 59.96
Employee plus 2 or more	\$ 29.26	\$ 54.41	\$ 82.07

VSP VISION RATE 24 Deducts		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 2.57	\$ 6.52
Employee plus 1	\$ 5.13	\$ 13.04
Family	\$ 8.26	\$ 20.90

VSP VISION RATES 22 Deducts		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 2.80	\$ 7.11
Employee plus 1	\$ 5.60	\$ 14.23
Family	\$ 9.01	\$ 22.80

Legal and Identity Theft	
Employee plus Family	24 Deducts
Ultimate Advisor 8652	\$ 9.13
Ultimate Advisor Plus 8651	\$ 11.29

Legal and Identity Theft	
Employee plus Family	22 Deducts
Ultimate Advisor 8652	\$ 9.96
Ultimate Advisor Plus 8651	\$ 12.32

2026 PREMIUM RATE CHART

Plan Year: January 1, 2026 - December 31, 2026

THE STANDARD RATES 24 Deducts			
Coverage Selected	Accident	Hospital Core Plan	Hospital Premier Plan
Employee Only	\$ 6.09	\$ 8.01	\$ 11.61
Employee plus Spouse	\$ 9.53	\$ 13.42	\$ 19.51
Employee plus children	\$ 11.80	\$ 11.45	\$ 16.52
Employee plus spouse and children	\$ 18.47	\$ 20.06	\$ 28.93

THE STANDARD RATES 22 Deducts			
Coverage Selected	Accident	Hospital Core Plan	Hospital Premier Plan
Employee Only	\$ 6.64	\$ 8.74	\$ 12.67
Employee plus Spouse	\$ 10.40	\$ 14.64	\$ 21.28
Employee plus children	\$ 12.87	\$ 12.49	\$ 18.02
Employee plus spouse and children	\$ 20.15	\$ 21.88	\$ 31.56

THE STANDARD Critical Illness Rates 24 Deducts			
Coverage Selected	10,000	20,000	30,000
Employee Only	\$ 4.90	\$ 9.80	\$ 14.70
Employee Plus Family	\$ 7.35	\$ 14.70	\$ 22.05

* Spouse and children are automatically included at 50% of the employee amount

THE STANDARD Critical Illness Rates 22 Deducts			
Coverage Selected	10,000	20,000	30,000
Employee Only	\$ 5.35	\$ 10.69	\$ 16.04
Employee Plus Family	\$ 8.02	\$ 16.04	\$ 24.05

* Spouse and children are automatically included at 50% of the employee amount

Minnesota Supplemental Life			
Premiums deducted 22 times per year			
Age	Employee Per 10,000	Spouse Per \$5,000	*Children Only
18 - 24	\$ 0.27	\$ 0.13	\$ 0.72
25 - 29	\$ 0.22	\$ 0.11	
30 - 34	\$ 0.27	\$ 0.13	
35 - 39	\$ 0.40	\$ 0.20	
40 - 44	\$ 0.63	\$ 0.31	
45 - 49	\$ 1.04	\$ 0.52	
50 - 54	\$ 1.57	\$ 0.79	
55 - 59	\$ 2.34	\$ 1.17	
60 - 64	\$ 3.33	\$ 1.66	
65 - 69	\$ 5.53	\$ 2.77	
70 - 74	\$ 9.89	\$ 4.94	
75 & Over	\$ 20.18	\$ 10.09	

The District contributes \$9,442 annually for each benefit eligible employee