

Blue Cross Blue Shield					Delta Dental	
Premium Effective September 1, 2025					Premium Effective September 1, 2025	
12 Months					12 Months	
	Employee	District Share	Total			Employee
Employee	\$ 271.22	\$ 813.66	\$ 1,084.88		Employee	\$ 29.76
Employee + Spouse	\$ 596.48	\$ 1,789.44	\$ 2,385.92		Employee + Spouse	\$ 59.52
Employee + Child(ren)	\$ 501.72	\$ 1,505.18	\$ 2,006.90		Employee + Child(ren)	\$ 74.50
Family	\$ 711.48	\$ 2,134.46	\$ 2,845.94		Family	\$ 104.16
High Deductible Plan - Premium - Effective September 1, 2025					Premium Effective September 1, 2025	
					9 Months	
	Employee	District Share	Total			Employee
Employee	\$ 185.74	\$ 793.46	\$ 979.20		Employee	\$ 39.68
Employee + Spouse	\$ 557.46	\$ 1,672.38	\$ 2,229.84		Employee + Spouse	\$ 79.36
Employee + Child(ren)	\$ 468.80	\$ 1,406.40	\$ 1,875.20		Employee + Child(ren)	\$ 99.34
Family	\$ 639.46	\$ 1,918.38	\$ 2,557.84		Family	\$ 138.88
Premium Effective September 1, 2025					EyeMed Vision	
9 Months					Premium Effective September 1, 2025	
	Employee	District Share	Total		12 Months	
						Employee
Employee	\$ 361.62	\$ 1,084.88	\$ 1,446.50		Employee	\$ 5.76
Employee + Spouse	\$ 795.30	\$ 2,385.92	\$ 3,181.22		Employee + Spouse	\$ 12.30
Employee + Child(ren)	\$ 668.94	\$ 2,006.90	\$ 2,675.84		Employee + Child(ren)	\$ 9.96
Family	\$ 948.62	\$ 2,845.94	\$ 3,794.56		Family	\$ 16.50
High Deductible Plan - Premium - Effective September 1, 2025					Premium Effective September 1, 2025	
					9 Months	
	Employee	District Share	Total			Employee
Employee	\$ 247.64	\$ 1,057.96	\$ 1,305.60		Employee	\$ 7.68
Employee + Spouse	\$ 743.28	\$ 2,229.84	\$ 2,973.12		Employee + Spouse	\$ 16.40
Employee + Child(ren)	\$ 625.06	\$ 1,875.20	\$ 2,500.26		Employee + Child(ren)	\$ 13.28
Family	\$ 852.60	\$ 2,557.84	\$ 3,410.44		Family	\$ 22.00