Blue Cross Blue Shield					Delta Dental		
Premium Effective September 1, 2025 12 Months					Premium Effective September 1, 2025 12 Months		
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 - F	ffective Septer	nbe	r 1. 2025	Premium Effective S	eptemb	per 1, 2025
High Deductible Plan - Premium - Effective September 1, 2025					9 Months		
	Employee	District Share		Total			nployee
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		
Premilin	Effective Sen	tember 1, 202	;		FveMed	Vision	
Premium			5		•		ner 1, 2025
Premium	9 Month	S	5	Total	Premium Effective S	epteml	per 1, 2025
	9 Month Employee	s District Share		Total 1.446.50	•	eptemb nths	
Employee	9 Month Employee \$ 361.62	District Share \$ 1,084.88	\$	1,446.50	Premium Effective S 12 Mo	eptemb nths Er	nployee
Employee Employee + Spouse	9 Month Employee \$ 361.62 \$ 795.30	District Share \$ 1,084.88 \$ 2,385.92	\$	1,446.50 3,181.22	Premium Effective S 12 Mo Employee	eptemb nths Er \$	nployee 5.76
Employee Employee + Spouse Employee + Child(ren) Family	9 Month Employee \$ 361.62	District Share \$ 1,084.88	\$	1,446.50	Premium Effective S 12 Mo Employee Employee + Spouse	eptemb nths Er \$	nployee 5.76 12.30
Employee Employee + Spouse Employee + Child(ren)	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90	\$ \$ \$	1,446.50 3,181.22 2,675.84	Premium Effective S 12 Mo Employee	eptemb nths Er \$	nployee 5.76 12.30 9.96
Employee Employee + Spouse Employee + Child(ren) Family	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94	\$ \$ \$	1,446.50 3,181.22 2,675.84 3,794.56	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren)	eptemb nths Er \$ \$	nployee 5.76 12.30 9.96
Employee Employee + Spouse Employee + Child(ren)	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94	\$ \$ \$	1,446.50 3,181.22 2,675.84 3,794.56	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren)	eptemb nths Er \$ \$ \$	nployee 5.76 12.30 9.96 16.50
Employee Employee + Spouse Employee + Child(ren) Family	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62 - Premium - E	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94	\$ \$ \$	1,446.50 3,181.22 2,675.84 3,794.56	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren) Family	eptemb nths Er \$ \$ \$ \$	nployee 5.76 12.30 9.96 16.50
Employee Employee + Spouse Employee + Child(ren) Family High Deductible Plan	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62 - Premium - E	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94 ffective Septer	\$ \$ \$	1,446.50 3,181.22 2,675.84 3,794.56	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren) Family Premium Effective S	eptemb nths Er \$ \$ \$ \$ eptemb	nployee 5.76 12.30 9.96 16.50
Employee Employee + Spouse Employee + Child(ren) Family High Deductible Plan Employee	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62 - Premium - E Employee	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94 ffective Septer District Share	\$ \$ \$ nbe	1,446.50 3,181.22 2,675.84 3,794.56 T1, 2025	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren) Family Premium Effective S	eptemb nths Er \$ \$ \$ \$ eptemb	9.96 16.50 nployee
Employee Employee + Spouse Employee + Child(ren) Family	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62 - Premium - E Employee \$ 247.64	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94 ffective Septer District Share \$ 1,057.96	\$ \$ \$ mbe	1,446.50 3,181.22 2,675.84 3,794.56 r 1, 2025 Total 1,305.60	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren) Family Premium Effective S 9 Moi	eptemb nths \$ \$ \$ \$ \$ eptemb	nployee 5.76 12.30 9.96 16.50 per 1, 2025
Employee Employee + Spouse Employee + Child(ren) Family High Deductible Plan Employee Employee Employee + Spouse	9 Month Employee \$ 361.62 \$ 795.30 \$ 668.94 \$ 948.62 - Premium - E Employee \$ 247.64 \$ 743.28	District Share \$ 1,084.88 \$ 2,385.92 \$ 2,006.90 \$ 2,845.94 ffective Septer District Share \$ 1,057.96 \$ 2,229.84	\$ \$ \$ \$ mbe	1,446.50 3,181.22 2,675.84 3,794.56 T 1, 2025 Total 1,305.60 2,973.12	Premium Effective S 12 Mo Employee Employee + Spouse Employee + Child(ren) Family Premium Effective S 9 Moi Employee Employee Employee + Spouse	eptemb nths \$ \$ \$ \$ eptemb nths Er \$	9.96 16.50 per 1, 2025 mployee