Insurance Monthly Premiums and Proration **10/1/2026**
Classified Staff (Excluding Bus Drivers)
2026-2027 School Year
No proration if scheduled 6.00 hours or more.

Monthly Premium

	Medical		Dental		Vision	
Family	**$2,718.44**		**$225.80**		**$50.18**	
Single	**$1,119.04**		**$91.52**		**$20.20**	
	Employee	**Board**	**Employee**	**Board**	**Employee**	**Board**
Share %	14%	86%	20%	80%	20%	80%
Family	$380.58	$2,337.86	$45.16	$180.64	$10.04	$40.14
Single	$156.67	$962.37	$18.30	$73.22	$4.04	$16.16

Hours		Medical		Dental		Vision	
6.00	**Hours**	**Employee**	**Board**	**Employee**	**Board**	**Employee**	**Board**
100%	**Family**	**$380.58**	$2,337.86	**$45.16**	$180.64	**$10.04**	$40.14
	Single	**$156.67**	$962.37	**$18.30**	$73.22	**$4.04**	$16.16

Hours		Medical		Dental		Vision	
5.50	**Hours**	**Employee**	**Board**	**Employee**	**Board**	**Employee**	**Board**
91.67%	**Family**	**$575.32**	$2,143.12	**$60.21**	$165.59	**$13.38**	$36.80
	Single	**$236.84**	$882.20	**$24.40**	$67.12	**$5.39**	$14.81

Hours		Medical		Dental		Vision	
5.00	**Hours**	**Employee**	**Board**	**Employee**	**Board**	**Employee**	**Board**
83.33%	**Family**	**$770.30**	$1,948.14	**$75.27**	$150.53	**$16.73**	$33.45
	Single	**$317.10**	$801.94	**$30.51**	$61.01	**$6.73**	$13.47

Hours		Medical		Dental		Vision	
4.00	**Hours**	**Employee**	**Board**	**Employee**	**Board**	**Employee**	**Board**
66.67%	**Family**	**$1,159.79**	$1,558.65	**$105.37**	$120.43	**$23.42**	$26.76
	Single	**$477.43**	$641.61	**$42.70**	$48.82	**$9.43**	$10.77

Supplemental Life Insurance: $.185 per $1,000.