

Healthcare Plan Rate Sheet

20 Pay Employees (No Summer Checks)

July 1, 2026 to December 31, 2026

	Total	EPISD Contribution	Semi-Monthly January 15 - June 30	Summer No Checks July-August	Semi-Monthly September 15 - December 31
EPISD CDHP					
Employee Only	\$749.00	\$616.77	\$0.00	\$0.00	\$37.50
Employee & Spouse	\$1,248.10	\$616.77	\$299.46	\$0.00	\$374.39
Employee & Child(ren)	\$897.35	\$616.77	\$89.01	\$0.00	\$111.26
Employee & Family	\$1,603.45	\$616.77	\$512.67	\$0.00	\$640.59
EPISD Traditional PPO					
Employee Only	\$786.95	\$616.77	\$22.77	\$0.00	\$28.82
Employee & Spouse	\$1,698.90	\$616.77	\$569.94	\$0.00	\$712.52
Employee & Child(ren)	\$1,176.80	\$616.77	\$256.68	\$0.00	\$321.33
Employee & Family	\$1,887.50	\$616.77	\$683.10	\$0.00	\$854.48