

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)

July 1, 2026 to December 31, 2026

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
EPISD CDHP				
Employee Only	\$666.77	\$616.77	\$50.00	\$25.00
Employee & Spouse	\$1,215.77	\$616.77	\$599.00	\$299.50
Employee & Child(ren)	\$794.77	\$616.77	\$178.00	\$89.00
Employee & Family	\$1,641.77	\$616.77	\$1,025.00	\$512.50
EPISD Traditional PPO				
Employee Only	\$662.77	\$616.77	\$46.00	\$23.00
Employee & Spouse	\$1,756.77	\$616.77	\$1,140.00	\$570.00
Employee & Child(ren)	\$1,130.77	\$616.77	\$514.00	\$257.00
Employee & Family	\$1,983.77	\$616.77	\$1,367.00	\$683.50

If you enroll for the EPISD CDHP Plan and Select an HSA EPISD will contribute up to \$1000 to your HSA up front on January 31st.