Healthcare Plan Rate Sheet
20 Pay Employees (No Summer Checks)
January 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	**$749.00**	$0.00	$0.00	$0.00
Employee & Spouse	$1,248.10	**$749.00**	$299.46	$0.00	$299.46
Employee & Child(ren)	$897.35	**$749.00**	$89.01	$0.00	$89.01
Employee & Family	$1,603.45	**$749.00**	$512.67	$0.00	$512.67
EPISD Traditional PPO					
Employee Only	$786.95	**$749.00**	$22.77	$0.00	$22.77
Employee & Spouse	$1,698.90	**$749.00**	$569.94	$0.00	$569.94
Employee & Child(ren)	$1,176.80	**$749.00**	$256.68	$0.00	$256.68
Employee & Family	$1,887.50	**$749.00**	$683.10	$0.00	$683.10

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