

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)

January 1, 2026 to December 31, 2026

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi- Monthly Cost
EPISD CDHP				
Employee Only	\$749.00	\$749.00	\$0.00	\$0.00
Employee & Spouse	\$1,248.10	\$749.00	\$499.10	\$249.55
Employee & Child(ren)	\$897.35	\$749.00	\$148.35	\$74.18
Employee & Family	\$1,603.45	\$749.00	\$854.45	\$427.23
EPISD Traditional PPO				
Employee Only	\$786.95	\$749.00	\$37.95	\$18.98
Employee & Spouse	\$1,698.90	\$749.00	\$949.90	\$474.95
Employee & Child(ren)	\$1,176.80	\$749.00	\$427.80	\$213.90
Employee & Family	\$1,887.50	\$749.00	\$1,138.50	\$569.25

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.