

Healthcare Plan Rate Sheet
20 Pay Employees (No Summer Checks)
February 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	\$562.10	\$562.10	\$0.00	\$0.00	\$0.00
Employee & Spouse	\$1,061.20	\$562.10	\$299.46	\$0.00	\$299.46
Employee & Child(ren)	\$710.45	\$562.10	\$89.01	\$0.00	\$89.01
Employee & Family	\$1,416.55	\$562.10	\$512.67	\$0.00	\$512.67
EPISD Traditional PPO					
Employee Only	\$600.05	\$562.10	\$22.77	\$0.00	\$22.77
Employee & Spouse	\$1,512.00	\$562.10	\$569.94	\$0.00	\$569.94
Employee & Child(ren)	\$989.90	\$562.10	\$256.68	\$0.00	\$256.68
Employee & Family	\$1,700.60	\$562.10	\$683.10	\$0.00	\$683.10

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