

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)

February 1, 2026 to December 31, 2026

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
EPISD CDHP				
Employee Only	\$562.10	\$562.10	\$0.00	\$0.00
Employee & Spouse	\$1,061.20	\$562.10	\$499.10	\$249.55
Employee & Child(ren)	\$710.45	\$562.10	\$148.35	\$74.18
Employee & Family	\$1,416.55	\$562.10	\$854.45	\$427.23
EPISD Traditional PPO				
Employee Only	\$600.05	\$562.10	\$37.95	\$18.98
Employee & Spouse	\$1,512.00	\$562.10	\$949.90	\$474.95
Employee & Child(ren)	\$989.90	\$562.10	\$427.80	\$213.90
Employee & Family	\$1,700.60	\$562.10	\$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.