Medical Insurance

2026 Insurance Premiums

Plan 1 $4000 Choice HDHP Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	$ 560.87	$ 608.40	$ -	$ -
Employee /Spouse	$ 1,298.47	$ 608.40	$ 690.07	$ 345.04
Employee/Child(ren)	$ 996.50	$ 608.40	$ 388.10	$ 194.05
Employee/Family	$ 1,655.23	$ 608.40	$ 1046.83	$ 523.42

Plan 2 $3500 Nexus HMO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	$ 673.14	$ 608.40	$ 64.74	$ 32.37
Employee /Spouse	$ 1,505.89	$ 608.40	$ 897.49	$ 448.75
Employee/Child(ren)	$ 1,153.84	$ 608.40	$ 545.44	$ 272.72
Employee/Family	$ 1,921.82	$ 608.40	$ 1,313.42	$ 656.71

Plan 3 $2500 Choice EPO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	$ 831.33	$ 608.40	$ 223.93	$ 111.47
Employee /Spouse	$ 1,789.13	$ 608.40	$ 1,180.73	$ 590.37
Employee/Child(ren)	$ 1,383.89	$ 608.40	$ 775.49	$ 387.75
Employee/Family	$ 2,267.96	$ 608.40	$ 1,659.56	$ 829.78