

2026 - 2027 Medical Rates

Mesquite Independent School District



| EPO High-Deductible Health Plan | Total Monthly | District Monthly Contribution | Employee Monthly Premium | Employee Semi-Monthly Premium | Employee Bi-weekly Premium |
|---------------------------------|---------------|-------------------------------|--------------------------|-------------------------------|----------------------------|
| Employee | \$769.00 | \$561.37 | \$207.63 | \$103.82 | \$95.83 |
| Employee & Spouse | \$1,614.88 | \$225.00 | \$1,389.88 | \$694.94 | \$641.48 |
| Employee & Children | \$1,490.04 | \$670.52 | \$819.52 | \$409.76 | \$378.24 |
| Employee & Family | \$2,480.95 | \$620.24 | \$1,860.72 | \$930.36 | \$858.79 |
| Health Savings Account | | \$20 | | | |

| EPO Copay Plan | Total Monthly | District Monthly Contribution | Employee Monthly Premium | Employee Semi-Monthly Premium | Employee Bi-Weekly Premium |
|---------------------|---------------|-------------------------------|--------------------------|-------------------------------|----------------------------|
| Employee | \$789.37 | \$576.24 | \$213.13 | \$106.57 | \$98.37 |
| Employee & Spouse | \$1,657.66 | \$225.00 | \$1,432.66 | \$716.33 | \$661.23 |
| Employee & Children | \$1,529.52 | \$688.29 | \$841.24 | \$420.62 | \$388.26 |
| Employee & Family | \$2,546.69 | \$636.67 | \$1,910.02 | \$955.01 | \$881.55 |

| HPN Copay Plan | Total Monthly | District Monthly Contribution | Employee Monthly Premium | Employee Semi-Monthly Premium | Employee Bi-Weekly Premium |
|---------------------|---------------|-------------------------------|--------------------------|-------------------------------|----------------------------|
| Employee | \$734.11 | \$550.47 | \$183.64 | \$91.82 | \$84.76 |
| Employee & Spouse | \$1,541.63 | \$225.00 | \$1,316.63 | \$658.32 | \$607.68 |
| Employee & Children | \$1,422.46 | \$640.11 | \$782.35 | \$391.18 | \$361.08 |
| Employee & Family | \$2,368.42 | \$592.11 | \$1,776.32 | \$888.16 | \$819.84 |

| HPN High-Deductible Health Plan | Total Monthly | District Monthly Contribution | Employee Monthly Premium | Employee Semi-Monthly Premium | Employee Bi-Weekly Premium |
|---------------------------------|---------------|-------------------------------|--------------------------|-------------------------------|----------------------------|
| Employee | \$715.17 | \$536.26 | \$178.90 | \$89.45 | \$82.57 |
| Employee & Spouse | \$1,501.84 | \$225.00 | \$1,276.84 | \$638.42 | \$589.31 |
| Employee & Children | \$1,385.74 | \$623.58 | \$762.15 | \$381.08 | \$351.76 |
| Employee & Family | \$2,307.29 | \$576.82 | \$1,730.47 | \$865.24 | \$798.68 |
| Health Savings Account | | \$40 | | | |

Rates effective 9/1/26 – 8/31/27

Monthly Rates = 12 pay periods per calendar year

Semi-Monthly Rates = 24 pay periods per calendar year

Bi-Weekly Rates = 26 pay periods per calendar year