Taylor County School District

APPROVED

JUL 0 1 2025

By Taylor County School Board

Memo

To: Reggie Wentworth, Superintendent

From: Shanna Dodimead, Benefits Coordinator

cc: School Board Members

Date: 06/20/2025

Re: Insurance Rates for 2025-2026

The Insurance Committee met and approved a rate hold for the medical premiums for the 2025-2026 school year. The Board contribution will remain \$4,550 per employee annually.

Please submit the attached insurance rate sheets to the School Board for approval.

Employee Health Insurance 10-108 Employee 10-109 Employee/Spouse 10-110-Employee/Family Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren) 10-104-Employee/Family	Plan C Plan C-1 Pan C-2 Plan C-3 Plan A-1		lew Rates 412.90 1,209.86 1,062.35		Board tribution	To	tal Cost of	THS Plan #05770 Change to Employe Chool Ecost d
10-108 Employee 10-109 Employee/Spouse 10-110-Employee Child(ren) 10-111-Employee/Family Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren)	Plan C-1 Pan C-2 Plan C-3	\$ \$ \$	412.90 1,209.86	Con	tribution			School Baard
10-108 Employee 10-109 Employee/Spouse 10-110-Employee Child(ren) 10-111-Employee/Family Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren)	Plan C-1 Pan C-2 Plan C-3	\$ \$ \$	412.90 1,209.86			- 1	rogram 📑	DOLLOGI ELMICH O
10-109 Employee/Spouse 10-110-Employee Child(ren) 10-111-Employee/Family Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren)	Plan C-1 Pan C-2 Plan C-3	\$	1,209.86	Э	155 00 1	\$	867.90	No Change
10-110-Employee Child(ren) 10-111-Employee/Family Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren)	Pan C-2 Plan C-3	\$		0	455.00			No Change
Employee Dental Insurance 10-101 Employee 10-102 Employee/Spouse 10-103-Employee Child(ren)	Plan C-3		1,062.33	\$	455.00	\$	1,664.86	
Employee Dental Insurance 10-101 Employee 10-102- Employee/Spouse 10-103-Employee Child(ren)		1 \$		\$	455.00	\$	1,517.35	No Change
0-101 Employee 0-102- Employee/Spouse 0-103-Employee Child(ren)	Dion A 1	1	1,546.35	\$ 455.00		\$ 2,001.35		No Change
0-102- Employee/Spouse 10-103-Employee Child(ren)	Dian A 1	New Rates		Board Contribution		Total Cost of Program		Change to Employe Cost
10-103-Employee Child(ren)		\$	41.18			\$	41.18	No Change
	Plan A-2	\$	80.10			\$	80.10	No Change
0-104-Employee/Family	Plan A-3	\$	93.26			\$	93.26	No Change
	Plan A-4	\$	131.03			\$	131.03	No Change
		New Rates		Board contribution		Total Cost of Program		Change in Employee
Employee Vision Insurance								
10-101- Employee		\$	6.94			\$	6.94	No Change
0-102- Family		\$	22.72			\$	22.72	No Change
0-103-Employee Plan A		1		\$	6.94	\$	6.94	No Change
0-104-Employee Family		\$	15.78	\$	6.94	\$	22.72	No Change
DET	TREE PREN	ATTIN.	IS COLLEG	ושורי	D OVER	12 M	ONTHS	
JNDER 65 RETIREE Rates NON-	IKEETKEN	T	15 COLLEC	1 12	DOVER	12 141	ONTHS	
Medicare/ HEALTH		1	New Rates					Change to Reitree Co
Employee only	+	\$	734.63					No Change
Employee/Spouse	+	\$	1,398.76					No Change
Employee/Child(ren)	+	\$	1,275.84					No Change
Employee/Family		\$	1,679.17					No Change
improyees anning		1 4	1,077117					
Dental Insurance								
Employee only		\$	34.31					No Change
Epmployee/Spouse		\$	66.75					No Change
Employee/Child(ren)		\$	77.71					No Change
Employee Family	+	\$	109.19					No Change
suppoyee 1 anniy		Ψ	107.17					
/ision Insurance								
Employee only		\$	5.78					No Change
Employee Family		\$	18.94					No Change
		_	ER 65/MEI	DICA	RE			
Employee only HEALTH		\$	734.63					No Change
Employee/Spouse		\$	1,398.76					No Change
Dental Insurance Employee only	1	\$	34.31					No Change
	+	\$	66.75					No Change
Epmployee/Spouse	-	1 2	00.73					140 Change
Vision Insurance								
Employee only	+	\$	5.78	-				No Change
Employee/Spouse	+	\$	18.94					No Change

TCSB Active and Retired Monthly Insurance Premiums 2025-2026

High Deductible Plan \$2,000 50/50 payout Plan # 5901 **

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER	10 MONTHS COVERAGE 12 MONTHS
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ACTIVE EMPL	OLEE FRENII	CIVIO	COLLECT		Board	101	THS COVERAGE 12 MO	Change to Employee
Employee Health Insurance	1	New Rates		Contribution		Total Cost of Program		Cost
10-108 Employee	Plan C	\$	185.38	\$	455.00	\$	640.38	No Change
10-109 Employee/Spouse	Plan C-1	\$	909.02	\$	455.00	\$	1,364.02	No Change
10-110-Employee Child(ren)	Pan C-2	\$	788.05	\$	455.00	\$	1,243.05	No Change
10-111-Employee/Family	Plan C-3	\$	1,184.79	\$	455.00	\$	1,639.79	No Change
10-111-Employee/Paning	Tian C-5	Ψ	1,104.77	Ψ	Board	Ψ	1,000110	Change to Employee
Employee Dental Insurance			ew Rates	Cor	ntribution		Total Cost of Program	Cost
10-101 Employee	Plan A-1	\$	41.18			\$	41.18	No Change
10-102- Employee/Spouse	Plan A-2	\$	80.10			\$	80.10	No Change
10-103-Employee Child(ren)	Plan A-3	\$	93.26			\$	93.26	No Change
10-104-Employee/Family	Plan A-4	\$	131.03			\$	131.03	No Change
				Board				Change in Employee
Employee Vision Insurance				con	contribution		Total Cost of Program	Cost
10-101- Employee		\$	6.94			\$	6.94	No Change
10-102- Family		\$	22.72			\$	22.72	No Change
10-103-Employee Plan A				\$	6.94	\$	6.94	No Change
10-104-Employee Family		\$	15.78	\$	6.94	\$	22.72	No Change
RETIREE	PREMIUMS	COL	LECTED	OVE	ER 12 MC	NT	THS	
UNDER 65 RETIREE Rates NON-								
Medicare/ HEALTH			ew Rates				7.47.00	Change to Reitree Cos
Employee only		\$	545.02			\$	545.02	No Change
Employee/Spouse		\$	1,148.06			\$	1,148.06	No Change
Employee/Child(ren)		\$	1,047.25			\$	1,047.25	No Change
Employee/Family		\$	1,377.86			\$	1,377.86	No Change
Dental Insurance								
Employee only	T	T\$	34.31			\$	34.31	No Change
Epmployee/Spouse		\$	66.75			\$	66.75	No Change
Employee/Child(ren)		\$	77.71			\$	77.71	No Change
Employee Family		\$	109.19			\$	109.19	No Change
		ŢΨ	105.15	-		Ψ.		21101180
Vision Insurance Employee only	_	\$	5.78					No Change
Employee Family		\$	18.94					No Change
Employee 1 unity		1						
	OVE	R 65/	MEDICAR	e TE				
Employee only HEALTH	J V E	\$	545.02			\$	545.02	No Change
Employee/Spouse		\$	1,148.06			\$	1,148.06	No Change
Epitipioyee/spouse		1 4	1,140.00			ļΨ	1,110.00	The entrage
Dental Insurance		\$	41.18	r —		\$	41.18	No Change
Employee only		\$	80.10	-		\$	80.10	No Change
Epmployee/Spouse		12	80.10			1	80.10	140 Change
Vision Insurance								
Employee only		\$	5.78					No Change
Epmployee/Spouse		\$	18.94					No Change
						_		