

**Taylor County School
District**

APPROVED

JUL 01 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.

JUL 01 2025

Taylor County School Board Active and Retired Monthly Insurance Premiums 2025-2026

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 10 MONTHS COVERAGE 12 MONTHS Plan #05770

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 412.90	\$ 455.00	\$ 867.90	No Change
10-109 Employee/Spouse	Plan C-1	\$ 1,209.86	\$ 455.00	\$ 1,664.86	No Change
10-110-Employee Child(ren)	Pan C-2	\$ 1,062.35	\$ 455.00	\$ 1,517.35	No Change
10-111-Employee/Family	Plan C-3	\$ 1,546.35	\$ 455.00	\$ 2,001.35	No Change
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee 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
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee 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 COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Reitree Cost
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

Dental Insurance

Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No Change
Employee/Child(ren)		\$ 77.71			No Change
Employee Family		\$ 109.19			No Change

Vision Insurance

Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 734.63			No Change
Employee/Spouse		\$ 1,398.76			No Change

Dental Insurance

Employee only		\$ 34.31			No Change
Employee/Spouse		\$ 66.75			No 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

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee 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
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee 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
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee 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 COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Reitree Cost
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		\$ 34.31		\$ 34.31	No Change
Employee/Spouse		\$ 66.75		\$ 66.75	No Change
Employee/Child(ren)		\$ 77.71		\$ 77.71	No Change
Employee Family		\$ 109.19		\$ 109.19	No Change

Vision Insurance

Employee only		\$ 5.78			No Change
Employee Family		\$ 18.94			No Change

OVER 65/MEDICARE

Employee only HEALTH		\$ 545.02		\$ 545.02	No Change
Employee/Spouse		\$ 1,148.06		\$ 1,148.06	No Change

Dental Insurance

Employee only		\$ 41.18		\$ 41.18	No Change
Employee/Spouse		\$ 80.10		\$ 80.10	No Change

Vision Insurance

Employee only		\$ 5.78			No Change
Employee/Spouse		\$ 18.94			No Change