

Health Insurance Information 2025-26 (7.2% INCREASE)

- \$350 Deductible – 15/35 Co- Insurance (**\$950 Family Deductible – 15/35 Co-Insurance**)
- \$3,250 Out of Pocket Maximum (Health) (**\$6,750 Out of Pocket Maximum for Family-Health**)
- \$0/\$20/\$20/\$40 Physician Co-Pay
- Telehealth / MDLIVE - \$0 Co-Pay
- Diagnostic Lab & X-Ray – 100% for first \$100, then DC
- \$10/\$30/\$60/\$100 Specialty - 100 % Prescription Drug Benefit
- \$2,000 Out of Pocket Maximum (Prescription) (**\$4,000 Out of Pocket Maximum – Family Prescription**)
- Cost to employee for Spouse/Dependent Coverage is as follows:

Health – 7.2% INCREASE

Employee	\$1028.65
Spouse	\$1163.70
One Child	\$521.65
2 or more Children	\$762.40
Family	\$1494.80

HSA – 7.2% INCREASE

Employee	\$866.55
Spouse	\$979.65
One Child	\$439.00
2 or more Children	\$641.75
Family	\$1266.75

Dental

The district will cover \$32.10 for the Blue Cross Dental Insurance for the 2024-25 School Year.

The district will cover \$32.10 for the Dental Blue Connect Dental (Willamette), the Willamette Dental premium is higher, there for the difference will be a voluntary deduction for the employee if this plan is chosen.

Blue Cross PPO Dental – NO INCREASE

Employee	\$32.10
Spouse	\$32.10 (deduction for Spouse \$37.30)
One Child	\$32.10 (deduction for One Child \$29.60)
2 or more Children	\$32.10 (deduction for 2 or more Children \$59.70)
Family	\$32.10 (deduction for Family \$90.95)

Dental Blue Connect Dental (Willamette Dental) – 6.7% INCREASE

Employee	\$66.19 - \$32.10 (difference in paid by district deduction \$34.09)
Spouse	\$143.15 - \$32.10 (difference in paid by district deduction \$111.05)
One Child	\$127.28 - \$32.10 (difference in paid by district deduction \$95.18)
2 or more Children	\$189.32 - \$32.10 (difference in paid by district deduction \$157.22)
Family	\$253.71 - \$32.10 (difference in paid by district deduction \$221.61)

Vision - NO district paid vision – ALL vision plans are voluntary deductions to the employee

VSP –NO INCREASE

Employee	\$19.72
Employee/Spouse	\$38.00
Employee & Child (ren)	\$31.52
Employee & Family	\$49.80

EAP – Employee Assistance Program – NO INCREASE

Employee	\$1.80
Employee/Spouse	\$1.80
Employee & Child (ren)	\$1.80
Employee & Family	\$1.80