

**Taylor County School
District**

Memo

APPROVED

JUL 28 2026

By the Taylor County
School Board

To: Reggie Wentworth, Superintendent

From: Shanna Dodimead, Benefits Coordinator

cc: School Board Members

Date: 07/14/2026

Re: Insurance Rates for 2026-2027

The Insurance Committee met and approved a rate hold for premiums for the 2026-2027 school year. The Board contribution will remain \$4,550 per employee annually. All employees will be going to 12 checks this year so premiums and Board contribution will be split across 12 months instead of 10 months.

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

4.10(1)

Taylor County School Board Active and Retired Monthly Insurance Premiums 2026-2027 12 months

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 12 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	\$ 344.08	\$ 379.17	\$ 723.25	No Change
10-109 Employee/Spouse	Plan C-1	\$ 1,008.22	\$ 379.17	\$ 1,387.39	No Change
10-110-Employee Child(ren)	Pan C-2	\$ 885.29	\$ 379.17	\$ 1,264.46	No Change
10-111-Employee/Family	Plan C-3	\$ 1,288.63	\$ 379.17	\$ 1,667.80	No Change
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 34.32		\$ 34.32	No Change
10-102- Employee/Spouse	Plan A-2	\$ 66.75		\$ 66.75	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 77.71		\$ 77.71	No Change
10-104-Employee/Family	Plan A-4	\$ 109.19		\$ 109.19	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
10-101- Employee		\$ 5.78		\$ 5.78	No Change
10-102- Family		\$ 18.93		\$ 18.93	No Change
10-103-Employee Plan A			\$ 5.78	\$ 5.78	No Change
10-104-Employee Family		\$ 13.15	\$ 5.78	\$ 18.93	No Change

RETIREE PREMIUMS COLLECTED OVER 12 MONTHS

UNDER 65 RETIREE Rates NON-Medicare/ HEALTH		New Rates			Change to Retiree 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		\$ 34.32			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

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TCSB Active and Retired Monthly Insurance Premiums 2026-2027 (12 months)

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

ACTIVE EMPLOYEE PREMIUMS COLLECTED OVER 12 MONTHS COVERAGE 12 MONTHS

Employee Health Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-108 Employee	Plan C	\$ 154.48	\$ 379.17	\$ 533.65	No Change
10-109 Employee/Spouse	Plan C-1	\$ 757.52	\$ 379.17	\$ 1,136.69	No Change
10-110-Employee Child(ren)	Pan C-2	\$ 656.71	\$ 379.17	\$ 1,035.88	No Change
10-111-Employee/Family	Plan C-3	\$ 987.33	\$ 379.17	\$ 1,366.50	No Change
Employee Dental Insurance		New Rates	Board Contribution	Total Cost of Program	Change to Employee Cost
10-101 Employee	Plan A-1	\$ 34.32		\$ 34.32	No Change
10-102- Employee/Spouse	Plan A-2	\$ 66.75		\$ 66.75	No Change
10-103-Employee Child(ren)	Plan A-3	\$ 77.71		\$ 77.71	No Change
10-104-Employee/Family	Plan A-4	\$ 109.19		\$ 109.19	No Change
Employee Vision Insurance		New Rates	Board contribution	Total Cost of Program	Change in Employee Cost
10-101- Employee		\$ 5.78		\$ 5.78	No Change
10-102- Family		\$ 18.93		\$ 18.93	No Change
10-103-Employee Plan A			\$ 5.78	\$ 5.78	No Change
10-104-Employee Family		\$ 13.15	\$ 5.78	\$ 18.93	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		\$ 34.32		\$ 34.32	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		\$ 18.93			No Change

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