



2026–2027 Staff Benefit Highlights
Full-Time School-Year Staff

Medical Coverage (Wellmark)

MEDICAL PLAN SUMMARY – Wellmark PPO Network (In-Network)				
	\$3,000/\$6,000 OPM		\$5,000/\$10,000 OPM	\$3,500/\$7,000 HDHP
ANNUAL DEDUCTIBLE				
Individual	\$3,000		\$5,000	\$3,500
Family	\$6,000		\$10,000	\$7,000
ANNUAL OUT-OF-POCKET MAXIMUM				
Individual	\$3,000		\$5,000	\$3,500
Family	\$6,000		\$10,000	\$7,000
COINSURANCE / COPAYS				
Preventive Care	Covered at 100%		Covered at 100%	Covered at 100%
Office Visit – PCP	\$0 copay		\$0 copay	Deductible applies
Office Visit – Specialist	\$25 copay		\$25 copay	Deductible applies
Mental Health	\$0 copay		\$0 copay	Deductible applies
Telehealth Services	\$0 copay		\$0 copay	Covered at 100%
Diagnostics, X-Ray & Lab	20%*		20%*	Deductible applies
Urgent Care	\$25 copay		\$25 copay	Deductible applies
Emergency Room†	\$250 copay		\$250 copay	Deductible applies
Inpatient Hospital	20%*		20%*	Deductible applies
Outpatient Surgery	20%*		20%*	Deductible applies
Prescription Drugs – Tier 1 / Tier 2 / Tier 3 / Specialty	\$10 / \$75 / 50% / 20%		\$10 / \$75 / 50% / 20%	Deductible applies

*After deductible (what you pay) | † Copay waived if admitted | Out-of-Network benefits available – refer to SBCs for details.

MEDICAL PREMIUMS (Per Pay Period)						
	\$3,000/\$6,000 OPM		\$5,000/\$10,000 OPM		\$3,500/\$7,000 HDHP	
	Your Cost	Dist. Cost	Your Cost	Dist. Cost	Your Cost	Dist. Cost
Employee Only	\$153.20	\$490.00	\$66.80	\$490.00	\$74.00	\$490.00
Family	\$910.20	\$675.00	\$694.20	\$675.00	\$713.40	\$675.00

Dental & Vision Coverage

DENTAL PREMIUMS (Per Pay Period)		
Delta Dental		
	Your Cost	Dist. Cost
Employee Only	\$0	\$21
Family	\$33	\$21

VISION PREMIUMS (Per Pay Period)		
VSP Vision		
	Basic Plan	Premier Plan
Employee Only	\$6.88	\$9.30
Employee + Spouse	\$11.00	\$14.88
Employee + Child(ren)	\$11.23	\$15.19
Family	\$18.11	\$24.49

Vision premiums are 100% employee paid. Premier plan allows frames every 12 months with higher frame allowance.

Health Savings & Flexible Spending Accounts (iSolved)

An HSA and FSA offers tax savings to help you cover out-of-pocket costs. Unused HSA funds roll over each year, and you own your account. Unused health FSA amounts over \$680 and dependent care FSA funds do not roll over year-to-year and must be used by the end of the plan year.

2026 HSA FUNDING LIMITS	
COVERAGE TIER	IRS CONTRIBUTION LIMITS
Employee	\$4,400
Family	\$8,750
Catch-Up (Age 55+)	\$1,000

**District HSA contributions are included in the IRS contribution limits.*

FLEXIBLE SPENDING ACCOUNTS (FSA)			
	HEALTH CARE FSA	LIMITED-PURPOSE FSA	DEPENDENT CARE FSA
Requirements	HDHP with HSA participants not eligible to enroll.	Must be enrolled in the HDHP with HSA.	Available to all eligible employees.
IRS Contribution Limits	\$3,400	\$3,400	\$7,500 per family (or \$3,750 each if you are married and file separate tax returns)

Life, Disability & Additional Benefits

LIFE & AD&D INSURANCE

The District provides a \$30,000 Basic Life and AD&D benefit at no cost to you.

Optional supplemental coverage is available for you, spouse, and dependents via post-tax payroll deductions.

If enrolling at any time other than when first eligible, Evidence of Insurability may be required.

LONG-TERM DISABILITY

Fully paid by the District for all benefit-eligible employees.

- Benefit begins after exhausting accumulated sick leave + 15 days
- Pays 60% of your monthly salary if approved

VOLUNTARY BENEFITS (Administered by Symetra)

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity

ADDITIONAL BENEFITS

- Universal Life
- Employee Assistance Program (EAP)

Your cost for voluntary life, accident, critical illness and universal life will be provided during your enrollment with a benefit counselor.

Employee deductions will occur over 20 pay periods, from September 1, 2026 – June 12, 2027.