

Plan		In-Network Deductibles	Out of Pocket Max.	2026 Monthly Premium	Board Contribution	Employee Cost Per Month	Employee Cost Per Pay
3359	Employee	\$1,000.00	\$5,000.00	\$1,020.00	\$606.00	\$414.00	\$207.00
<i>Higher Premium Lower Deductible</i>	Employee + 1	\$2,000.00	\$10,000.00	\$2,163.80	\$606.00	\$1,557.80	\$778.90
<i>80/20 Coinsurance</i>	Employee + 1 (Husband/Wife CCSB Employees)	\$2,000.00	\$10,000.00	\$2,163.80	\$1,212.00	\$951.80	\$475.90
<i>RX Deductible \$250</i>	Employee + Family	\$2,000.00	\$10,000.00	\$2,255.74	\$606.00	\$1,649.74	\$824.87
	Employee + Family (Husband/Wife CCSB Employees)	\$2,000.00	\$10,000.00	\$2,255.74	\$1,212.00	\$1,043.74	\$521.87
5168/5169	Employee	\$1,700.00	\$4,500.00	\$794.48	\$606.00	\$188.48	\$94.24
<i>Lower Premium Higher Deductible</i>	Employee + 1	\$3,400.00	\$6,000.00	\$1,694.88	\$606.00	\$1,088.88	\$544.44
<i>90/10 Coinsurance</i>	Employee + 1 (Husband/Wife CCSB Employees)	\$3,400.00	\$6,000.00	\$1,694.88	\$1,212.00	\$482.88	\$241.44
	Employee + Family	\$3,400.00	\$6,000.00	\$1,791.94	\$606.00	\$1,185.94	\$592.97
	Employee + Family (Husband/Wife CCSB Employees)	\$3,400.00	\$6,000.00	\$1,791.94	\$1,212.00	\$579.94	\$289.97
5172/5173	Employee	\$6,500.00	\$6,500.00	\$732.00			\$63.00
<i>Very High Deductible Low Premium</i>	Employee + 1	\$13,100.00	\$13,100.00	\$1,774.30			\$584.15
<i>(Due to ACA)</i>	Employee + 1 (Husband/Wife CCSB Employees)	\$13,100.00	\$13,100.00	\$1,774.30			
	Employee + Family	\$13,100.00	\$13,100.00	\$1,798.46			\$596.22
***5172/5173 does not include use of the Employee Wellness Center	Employee + Family (Husband/Wife CCSB Employees)	\$13,100.00	\$13,100.00	\$1,798.46			

Amount based on IRS determination of Affordability per Federal Poverty Level

*Plan 5172 will NOT change with any additional Board Match.

Board Approved 9-9-2025

****pending potential match change