2025-2026 INSURANCE PREMIUMS

	TOTAL ANNUAL PLAN COST	DISTRICT ANNUAL CONTRIBUTION	EMPLOYEE ANNUAL CONTRIBUTION	*EMPLOYEE COST PER PAY PERIOD - 20 DEDUCTIONS
MEDICAL INSURANCE OPTIONS - UNITED HEALTHCARE				
CHOICE PLUS HDHP				
EMPLOYEE	$7,340.88	$7,340.88	$0.00	**$0.00**
EMP + SPOUSE	$12,700.56	$8,793.12	$3,907.44	**$195.37**
EMP + CHILD(REN)	$10,318.32	$8,494.32	$1,824.00	**$91.20**
EMP + FAMILY	$18,060.36	$9,465.48	$8,594.88	**$429.74**
^DUAL SPOUSE + FAMILY	$18,060.36	$16,665.48	$1,394.88	**$69.74**
CHOICE EPO				
EMPLOYEE	$9,325.92	$8,369.88	$956.04	**$47.80**
EMP + SPOUSE	$17,266.32	$9,365.88	$7,900.44	**$395.02**
EMP + CHILD(REN)	$15,678.24	$9,166.68	$6,511.56	**$325.58**
EMP + FAMILY	$24,412.80	$10,262.28	$14,150.52	**$707.53**
^DUAL SPOUSE + FAMILY	$24,412.80	$17,462.28	$6,950.52	**$347.53**

Employees enrolled in the HDHP employee only tier are eligible to receive up to $1,600.00 in TUHSD employer contributions. In August, the district will contribute $900.00 into HDHP employee only HSA accounts (pro-rated for new employees based on coverage start date). All other tiers on the HDHP will receive a district contribution of $200 (pro-rated for new employees based on coverage start date). To receive the additional $700.00 at thebeginning of the following plan year, eligible employees must complete activites as defined in the Wellstyles Program.

Employees enrolled in the PPO BASE PLAN can earn up to $700.00 at the beginning of the following plan year by completing activites as defined in the WellStyles wellness program.

DENTAL INSURANCE OPTIONS				
DELTA DENTAL OF ARIZONA - GROUP PLAN LEVEL III				
EMPLOYEE	$540.12	$540.12	$0.00	**$0.00**
EMP + SPOUSE	$1,080.36	$540.12	$540.24	**$27.02**
EMP + CHILD(REN)	$1,134.36	$540.12	$594.24	**$29.72**
EMP + FAMILY	$1,620.48	$540.12	$1,080.36	**$54.02**
^^DUAL SPOUSE + FAMILY	$1,620.48	$1,080.24	$540.24	**$27.02**
Cigna DHMO				
EMPLOYEE	$123.60	$123.60	$0.00	**$0.00**
EMP + SPOUSE	$244.44	$244.44	$0.00	**$0.00**
EMP + CHILD(REN)	$274.08	$274.08	$0.00	**$0.00**
EMP + FAMILY	$300.72	$300.72	$0.00	**$0.00**
VISION INSURANCE OPTIONS - VSP				
BASE PLAN				
EMPLOYEE	$72.96	$0.00	$72.96	**$3.65**
EMP + SPOUSE	$146.04	$0.00	$146.04	**$7.30**
EMP + CHILD(REN)	$156.24	$0.00	$156.24	**$7.81**
EMP + FAMILY	$249.72	$0.00	$249.72	**$12.49**
BUY-UP PLAN				
EMPLOYEE	$141.36	$0.00	$141.36	**$7.07**
EMP + SPOUSE	$282.60	$0.00	$282.60	**$14.13**
EMP + CHILD(REN)	$302.40	$0.00	$302.40	**$15.12**
EMP + FAMILY	$483.24	$0.00	$483.24	**$24.16**
LIFE/AD&D INSURANCE				
Sun Life	District Paid		Benefit: 1 X ANNUAL SALARY UP TO $200,000.	
VOLUNTARY OPTIONAL LIFE INSURANCE				
Sun Life	Cost Varies	$0.00	RATES BASED ON AGE AND VOLUME ELECTED	
VOLUNTARY SHORT-TERM DISABILITY INSURANCE				
Sun Life	Cost Varies	$0.00	RATES BASED ON SELECTION	
VOLUNTARY ACCIDENT INSURANCE				
Colonial Life	Employee Annual Plan Cost		*EMPLOYEE COST PER PAY PERIOD - 20 DEDUCTIONS	
EMPLOYEE	$125.40		$6.27	
EMP + SPOUSE	$207.00		$10.35	
EMP + CHILD(REN)	$239.88		$11.99	
EMP + FAMILY	$321.48		$16.07	
VOLUNTARY HOSPITAL INDEMNITY				
Colonial Life - $500 First Day	Employee Annual Plan Cost		*EMPLOYEE COST PER PAY PERIOD - 20 DEDUCTIONS	
EMPLOYEE	$106.08		$5.30	
EMP + SPOUSE	$240.00		$12.00	
EMP + CHILD(REN)	$151.68		$7.58	
EMP + FAMILY	$285.60		$14.28	
Colonial Life - $1500 First Day	Annual Plan Cost		*EMPLOYEE COST PER PAY PERIOD - 20 DEDUCTIONS	
EMPLOYEE	$210.72		$10.54	
EMP + SPOUSE	$464.64		$23.23	
EMP + CHILD(REN)	$294.72		$14.74	
EMP + FAMILY	$548.64		$27.43	
VOLUNTARY CRITICAL ILLNESS INSURANCE				
Colonial Life	Cost Varies	$0.00	RATES BASED ON SELECTION	

Amounts shown above represent annual amounts over 12 months, July 1 - June 30.

*All benefit deductions are taken over 20 pay periods during the school year; amounts are prorated and may differ for employees who begin coverage on or after August 1st.

^^Dual Spouse+Family applies when both spouses are eligible employees of the District and have at least one additional dependent child.