

2026 EPC Benefits - Monthly Premiums

Employees working **20 contracted hours or more per week** are eligible for Medical, Dental, Vision, Life, and Voluntary Life Insurance.

All insurance cards are digital, therefore physical cards will NOT be mailed. You can access your cards using the info below:

Medical Insurance: UnitedHealthcare PPO - UHC App or UHC.com for cards

Dental Insurance: Delta Dental - Delta Dental APP or deltadental.com

Vision Insurance: VSP - vsp.com

District premium contribution rates take effect with **December 2025 payroll** for **January 1, 2026 coverage**.

CLASSIFIED EMPLOYEES MEDICAL INSURANCE PREMIUMS									
Single Plan					Family Plan				
Hours Worked Per Week	Board Percentages	Board Premium	Employee Premium	Total Monthly Premium	Hours Worked Per Week	Board Percentages	Board Premium	Employee Premium	Total Monthly Premium
36-40	78%	\$ 741.39	\$ 209.11	\$ 950.50	36-40	78%	\$ 2,181.93	\$ 615.42	\$ 2,797.35
30-35.99	65%	\$ 617.83	\$ 332.67	\$ 950.50	30-35.99	65%	\$ 1,818.28	\$ 979.07	\$ 2,797.35
20-29.99	50%	\$ 475.25	\$ 475.25	\$ 950.50	20-29.99	50%	\$ 1,398.68	\$ 1,398.67	\$ 2,797.35

CERTIFIED EMPLOYEES MEDICAL INSURANCE PREMIUMS							
EMPLOYED AS OF JUNE 1, 1999				EMPLOYED AFTER JUNE 1, 1999			
Medical Plan	Board Premium	Employee Premium	Total Monthly Premium	Medical Plan	Board Premium	Employee Premium	Total Monthly Premium
	83%	17%			78%	22%	
Single	\$788.92	\$161.59	\$950.50	Single	\$741.39	\$209.11	\$950.50
Family	\$2,321.80	\$475.55	\$2,797.35	Family	\$2,181.93	\$615.42	\$2,797.35

DENTAL INSURANCE PREMIUMS - CLASSIFIED & CERTIFIED

Dental Plan	Board Premium	Employee Premium	Total Monthly Premium
	80%	20%	
Single	\$36.23	\$9.06	\$45.29
Employee & Children	\$83.48	\$20.87	\$104.35
Employee & Spouse	\$82.84	\$20.71	\$103.55
Family	\$130.15	\$32.54	\$162.69

VISION INSURANCE PREMIUMS - CLASSIFIED & CERTIFIED

Vision Plan	Board Premium	Employee Premium	Total Monthly Premium
	100%		
Employee	\$7.89	\$0.00	\$7.89
Family	\$18.36	\$0.00	\$18.36