2027 EPC 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: Deltal Dental - Delta Dental APP or deltadental.com

Vision Insurance: VSP - vsp.com

District premium contribution rates take effect with December 2026 payroll for January 1, 2027 coverage.

CLASSIFIED EMPLOYEES MEDICAL INSURANCE PREMIUMS

Single Plan

Hours Worked Per Week	Board Percentages	Board Premium	Employee Premium	Total Monthly Premium
36-40	78%	$797.00	$224.79	$1,021.79
30-35.99	65%	$664.16	$357.63	$1,021.79
20-29.99	50%	$510.90	$510.90	$1,021.79

Family Plan

Hours Worked Per Week	Board Percentages	Board Premium	Employee Premium	Total Monthly Premium
36-40	78%	$2,345.58	$661.57	$3,007.15
30-35.99	65%	$1,954.65	$1,052.50	$3,007.15
20-29.99	50%	$1,503.58	$1,503.58	$3,007.15

CERTIFIED EMPLOYEES MEDICAL INSURANCE PREMIUMS

EMPLOYED AS OF JUNE 1, 1999

Medical Plan	Board Premium 83%	Employee Premium 17%	Total Monthly Premium
Single	$848.09	$173.70	$1,021.79
Family	$2,495.93	$511.22	$3,007.15

EMPLOYED AFTER JUNE 1, 1999

Medical Plan	Board Premium 78%	Employee Premium 22%	Total Monthly Premium
Single	$797.00	$224.79	$1,021.79
Family	$2,345.58	$661.57	$3,007.15

DENTAL INSURANCE PREMIUMS - CLASSIFIED & CERTIFIED

Dental Plan	Board Premium 80%	Employee Premium 20%	Total Monthly Premium
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 100%	Employee Premium	Total Monthly Premium
Employee	$7.89	$0.00	$7.89
Family	$18.36	$0.00	$18.36