

Blue Cross 2026-2027 Monthly Rates

CLASSIFIED

	2026-2027			2026-2027		
	<i>PPO</i>			<i>HSA</i>		
<i>Deductible</i>	\$ 1,050.00			\$ 3,800.00		
		<i>District Covers</i>	<i>Employee Cost</i>		<i>District Covers</i>	<i>Employee Cost</i>
Single Health/Single Dental	\$ 960.10	\$ 815.18	\$ 144.92	\$ 815.18	\$ 815.18	\$ -
Single Health/Spouse Dental	\$ 996.12	\$ 815.18	\$ 180.94	\$ 851.20	\$ 815.18	\$ 36.02
Single Health/Children Dental	\$ 987.93	\$ 815.18	\$ 172.75	\$ 843.01	\$ 815.18	\$ 27.83
Single Health/Family Dental	\$ 1,019.76	\$ 815.18	\$ 204.58	\$ 874.84	\$ 815.18	\$ 59.66
Employee Spouse/Single Dental	\$ 1,980.16	\$ 1,065.18	\$ 914.98	\$ 1,675.85	\$ 1,065.18	\$ 610.67
Employee Spouse/Spouse Dental	\$ 2,016.18	\$ 1,065.18	\$ 951.00	\$ 1,711.87	\$ 1,065.18	\$ 646.69
Employee Spouse/Children Dental	\$ 2,007.99	\$ 1,065.18	\$ 942.81	\$ 1,703.68	\$ 1,065.18	\$ 638.50
Employee Spouse/Family Dental	\$ 2,039.82	\$ 1,065.18	\$ 974.64	\$ 1,735.51	\$ 1,065.18	\$ 670.33
Employee Children/Single Dental	\$ 1,748.35	\$ 1,065.18	\$ 683.17	\$ 1,480.25	\$ 1,065.18	\$ 415.07
Employee Children/Spouse Dental	\$ 1,784.37	\$ 1,065.18	\$ 719.19	\$ 1,516.27	\$ 1,065.18	\$ 451.09
Employee Children/Children Dental	\$ 1,776.18	\$ 1,065.18	\$ 711.00	\$ 1,508.08	\$ 1,065.18	\$ 442.90
Employee Children/Family Dental	\$ 1,808.01	\$ 1,065.18	\$ 742.83	\$ 1,539.91	\$ 1,065.18	\$ 474.73
Family Health/Single Dental	\$ 2,647.62	\$ 1,065.18	\$ 1,582.44	\$ 2,238.98	\$ 1,065.18	\$ 1,173.80
Family Health/Spouse Dental	\$ 2,683.64	\$ 1,065.18	\$ 1,618.46	\$ 2,275.00	\$ 1,065.18	\$ 1,209.82
Family Health/Children Dental	\$ 2,675.45	\$ 1,065.18	\$ 1,610.27	\$ 2,266.81	\$ 1,065.18	\$ 1,201.63
Family Health/Family Dental	\$ 2,707.28	\$ 1,065.18	\$ 1,642.10	\$ 2,298.64	\$ 1,065.18	\$ 1,233.46
PPO Dental Only	<i>Employee Cost</i>					
Single Dental	\$ 32.79					
Employee/Spouse Dental	\$ 68.81					
Employee/Children Dental	\$ 60.62					
Family Dental	\$ 92.45					