Schedule of Insurance Premiums and Payroll Deductions Bus Drivers Fiscal Year 2026

Health/Dental	Insurance	Premiums*
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					Employee
	Monthly	Yearly	Employer	Employee	Deduction per
	Premium	Premium	Contribution	Contribution	Check (20)
Employee Only-PPO	954.00	11,448.00	11,448.00	0.00	0.00
Employee Only-HSA	808.00	9,696.00	9,696.00	0.00	0.00
HSA Employer Contribution Single			400.00	→Per Check→	20.00
Employee Only-HMO	792.00	9,504.00	9,504.00	0.00	0.00
Employee+Spouse-PPO	2,286.00	27,432.00	11,448.00	15,984.00	799.20
Employee+Spouse-HSA	1,936.00	23,232.00	9,696.00	13,536.00	676.80
HSA Employer Contribution Family			400.00	→Per Check→	20.00
Employee+Spouse-HMO	1,899.00	22,788.00	9,504.00	13,284.00	664.20
Employee+Children-PPO	2,097.00	25,164.00	11,448.00	13,716.00	685.80
Employee+Children-HSA	1,776.00	21,312.00	9,696.00	11,616.00	580.80
HSA Employer Contribution Family			400.00	→Per Check→	20.00
Employee+Children-HMO	1,740.00	20,880.00	9,504.00	11,376.00	568.80
Family-PPO	2,723.00	32,676.00	11,448.00	21,228.00	1,061.40
Family-HSA	2,303.00	27,636.00	9,696.00	17,940.00	897.00
HSA Employer Contribution Family			400.00	→Per Check→	20.00
Family-HMO	2,256.00	27,072.00	9,504.00	17,568.00	878.40
Employee Only (Dental)	48.00	576.00	576.00	0.00	0.00
Employee+Spouse (Dental)	97.00	1,164.00	576.00	588.00	29.40
Employee+Children (Dental)	116.00	1,392.00	576.00	816.00	40.80
Family (Dental)	159.00	1,908.00	576.00	1,332.00	66.60

^{*}Drivers can change from HSA or HMO Plan to Traditional PPO Plan in either January or July after 1 full year of employment.

Vision Insurance Premiums

					Employee
	Monthly	Yearly	Employer	Employee	Deduction per
	Premium	Premium	Contribution	Contribution	Check (20)
Employee	9.49	113.88	0.00	113.88	5.69
Employee + Spouse	15.18	182.16	0.00	182.16	9.11
Employee + Child/Children	15.48	185.76	0.00	185.76	9.29
Employee + Family	24.98	299.76	0.00	299.76	14.99

AFLAC Premiums

All premiums as per individual contract at time of enrollment and relative to selected coverage

Basic Life Insurance

All premiums computed at .060/\$1,000 and paid by Employer