College Community School District Medical, Dental & Vision Rates 2025-2026

Monthly employee premium before district amount (if any) has been applied

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	Transper t					
	HDHP w/HSA option					
	<u>Single</u>	Employee/	Employee/	<u>Family</u>		
		<u>Children</u>	<u>Spouse</u>			
Medical	\$482.00	\$916.00	\$988.00	\$1,475.00		

HMO Core				
1	Single Employee/ Employee/ Fam			
		<u>Children</u>	<u>Spouse</u>	
Medical	\$570.00	\$1,083.00	\$1,169.00	\$1,744.00

PPO Core				
	<u>Single</u>	Employee/	Employee/	<u>Family</u>
		Children	<u>Spouse</u>	
Medical	\$687.00	\$1,305.00	\$1,408.00	\$2,102.00

PPO Choice				
	<u>Single</u>	Employee/	Employee/	<u>Family</u>
		Children	<u>Spouse</u>	
Medical	\$731.00	\$1,389.00	\$1,499.00	\$2,237.00

	Dental Rates			
<u>-</u>	<u>Single</u>	2 person	<u>Family</u>	
Dental	\$36.00	\$75.00	\$114.00	

Vision Rates			
<u>Single</u> <u>Family</u>			
Exam + Materials	\$7.02	\$19.09	
Materials Only	\$5.66	\$15.39	