



# MONTGOMERY COUNTY EDUCATIONAL SERVICE CENTER

## 2026 Insurance Rates

Plan Year: January 1, 2026 - December 31, 2026

Open Enrollment Period: October 13 - October 31, 2025

Full Time Benefits (185+ Days)									
United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee / Board%	Employee Share	Board Share	Monthly Premium
<b>High Deductible</b> (Only option available to new staff or changes eff. 2019)									
Single	15/85	\$ 152.98	\$ 866.89	\$ 1,019.87	Single	20/80	\$ 6.19	\$ 24.77	\$ 30.96
Employee + Child(ren)	20/80	\$ 375.32	\$ 1,501.26	\$ 1,876.58	Employee + Child(ren)	20/80	\$ 13.00	\$ 52.00	\$ 65.00
Employee + Spouse	20/80	\$ 448.75	\$ 1,795.02	\$ 2,243.77	Employee + Spouse	20/80	\$ 13.03	\$ 52.12	\$ 65.15
Family	20/80	\$ 628.24	\$ 2,512.98	\$ 3,141.22	Family (Non-Union)	20/80	\$ 17.96	\$ 71.83	\$ 89.79
<b>PPO (Grandfathered Only)</b>					Family (Union)	\$55 Max	\$ 34.79	\$ 55.00	\$ 89.79
Single	15/85	\$ 193.92	\$ 1,098.88	\$ 1,292.80	<b>Vision Service Plan</b>				
Employee + Child(ren)	20/80	\$ 477.84	\$ 1,911.35	\$ 2,389.19	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Spouse	20/80	\$ 568.83	\$ 2,275.31	\$ 2,844.14	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Family	20/80	\$ 798.94	\$ 3,195.74	\$ 3,994.68					

Part-time Benefits (140-184 days)									
United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee / Board%	Employee Share	Board Share	Monthly Premium
<b>High Deductible</b> (Only option available to new staff or changes eff. 2019)									
Single	36.25/67.75	\$ 369.70	\$ 650.17	\$ 1,019.87	Single	40/60	\$ 12.38	\$ 18.58	\$ 30.96
Employee + Child(ren)	40/60	\$ 750.63	\$ 1,125.95	\$ 1,876.58	Employee + Child(ren)	40/60	\$ 26.00	\$ 39.00	\$ 65.00
Employee + Spouse	40/60	\$ 897.51	\$ 1,346.26	\$ 2,243.77	Employee + Spouse	40/60	\$ 26.06	\$ 39.09	\$ 65.15
Family	40/60	\$ 1,256.49	\$ 1,884.73	\$ 3,141.22	Family (Non-Union)	40/60	\$ 35.92	\$ 53.87	\$ 89.79
<b>PPO (Grandfathered Only)</b>					Family (Union)	\$55 Max	\$ 34.79	\$ 55.00	\$ 89.79
Single	36.25/67.75	\$ 468.64	\$ 824.16	\$ 1,292.80	<b>Vision Service Plan</b>				
Employee + Child(ren)	40/60	\$ 955.68	\$ 1,433.51	\$ 2,389.19	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Spouse	40/60	\$ 1,137.66	\$ 1,706.48	\$ 2,844.14	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Family	40/60	\$ 1,597.87	\$ 2,396.81	\$ 3,994.68					

Part-time Benefits (120-139 Days)									
United Healthcare of Ohio					Delta Dental				
	Employee/ Board%	Employee Share	Board Share	Monthly Premium		Employee / Board%	Employee Share	Board Share	Monthly Premium
<b>High Deductible</b> (Only option available to new staff or changes eff. 2019)									
Single	57.5/42.5	\$ 586.43	\$ 433.44	\$ 1,019.87	Single	60/40	\$ 18.58	\$ 12.38	\$ 30.96
Employee + Child(ren)	60/40	\$ 1,125.95	\$ 750.63	\$ 1,876.58	Employee + Child(ren)	60/40	\$ 39.00	\$ 26.00	\$ 65.00
Employee + Spouse	60/40	\$ 1,346.26	\$ 897.51	\$ 2,243.77	Employee + Spouse	60/40	\$ 39.09	\$ 26.06	\$ 65.15
Family	60/40	\$ 1,884.73	\$ 1,256.49	\$ 3,141.22	Family (Non-Union)	60/40	\$ 53.87	\$ 35.92	\$ 89.79
<b>PPO (Grandfathered Only)</b>					Family (Union)	\$55 Max	\$ 34.79	\$ 55.00	\$ 89.79
Single	57.5/42.5	\$ 743.36	\$ 549.44	\$ 1,292.80	<b>Vision Service Plan</b>				
Employee + Child(ren)	60/40	\$ 1,433.51	\$ 955.68	\$ 2,389.19	Single	100/0	\$ 10.02	\$ -	\$ 10.02
Employee + Spouse	60/40	\$ 1,706.48	\$ 1,137.66	\$ 2,844.14	Family	100/0	\$ 23.44	\$ -	\$ 23.44
Family	60/40	\$ 2,396.81	\$ 1,597.87	\$ 3,994.68					

Noteworthy Items		
<b>HSA Board Contributions:</b> Single: \$1,700 All Others: \$2,500	<b>HSA contributions are prorated based upon insurance eligibility and date of hire:</b> 185+: Full Amount    184-140: 60%    139-120: 40%	\$60,000 Board-Provided Life Insurance for 185+ days
<b>HSA Contribution Limits:</b> IRS HSA Single Max: \$4,400 IRS HSA All Others Max: \$8,750 * \$1,000 catch-up if over 55	<b>Failure to Complete Biometric Screening:</b> \$50/month <b>Spousal Surcharge:</b> \$100/month	<i>*If you work between 80 - 119 days, you have access to these voluntary products:</i> Optional Life, STD/LTD & Vision Coverage