

BULLHEAD CITY SCHOOL DISTRICT #15					
MEDICAL, DENTAL, VISION RATE SHEET					
26-27 FISCAL YEAR					
ASBAIT MEDICAL AND PRESCRIPTION (MONTHLY RATES)					
<b>CLASSIC GOLD 500</b>			<b>EMPLOYER PAYS</b>	<b>YOU PAY</b>	<b>TOTAL</b>
INDIVIDUAL			\$1,049.00	\$130.00	\$1,179.00
INDIVIDUAL + SPOUSE/DOMESTIC PARTNER			\$1,049.00	\$1,427.00	\$2,476.00
INDIVIDUAL + CHILD(REN)			\$1,049.00	\$1,193.00	\$2,242.00
INDIVIDUAL + FAMILY			\$1,049.00	\$2,491.00	\$3,540.00
<b>CLASSIC SILVER 800</b>					
INDIVIDUAL			\$1,049.00	\$0.00	\$1,049.00
INDIVIDUAL + SPOUSE/DOMESTIC PARTNER			\$1,049.00	\$1,156.00	\$2,205.00
INDIVIDUAL + CHILD(REN)			\$1,049.00	\$947.00	\$1,996.00
INDIVIDUAL + FAMILY			\$1,049.00	\$2,104.00	\$3,153.00
<b>2600 HDHP A</b>					
INDIVIDUAL*			\$1,049.00	\$0.00	\$961.50
INDIVIDUAL + SPOUSE/DOMESTIC PARTNER			\$1,049.00	\$905.50	\$1,954.50
INDIVIDUAL + CHILD(REN)			\$1,049.00	\$721.50	\$1,770.50
INDIVIDUAL + FAMILY			\$1,049.00	\$1,742.50	\$2,791.50
<b>EMPLOYER HSA CONTRIBUTION *</b>					
*The district contributes the difference of the plan \$87.50 a month totaling \$1050.00 annually					
<b>DENTAL PLAN</b>			<b>EMPLOYER PAYS</b>	<b>YOU PAY</b>	<b>TOTAL</b>
EMPLOYEE			\$46.10	\$0.00	\$46.10
EMPLOYEE SPOUSE			\$46.10	\$46.50	\$92.60
EMPLOYEE CHILD/REN			\$46.10	\$50.20	\$96.30
EMPLOYEE FAMILY			\$46.10	\$82.30	\$128.40
<b>VSP VISION</b>					
EMPLOYEE			\$10.46	\$0.00	\$10.46
EMPLOYEE SPOUSE			\$10.46	\$10.48	\$20.94
EMPLOYEE CHILD/REN			\$10.46	\$11.94	\$22.40
EMPLOYEE FAMILY			\$10.46	\$25.36	\$35.82
<b>OPTIONAL</b>	<b>INTERNATIONAL MEDICAL SOLUTIONS IM</b>		\$0.00	\$6.00	\$6.00
<b>UNUM LIFE INSURANCE</b>					
EMPLOYEE	YOU CAN RECEIVE 2 TIMES YOUR EARNINGS UP TO A MAXIMUM OF \$300,000.00 IN COVERAGE TO BE PAID BY THE DISTRICT				

Individual: Max contribution limit for 2026 is \$4,400  
Family: Max contribution limit for 2026 is \$8,750