

SCOTIA-GLENVILLE CENTRAL SCHOOL DISTRICT

HEALTH AND DENTAL INSURANCE

FISCAL 2026-2027

	COST OF PLANS				EMPLOYEE COST OF PLAN PER MONTH BY APPLICABLE PERCENTAGE															
	Month	Annual	54.50%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%

Drug Key - G = Generic, F = Formulary, NF = Non Formulary

Highmark Blue Shield of NE NY PPO 800 \$25 Copay TA,only

Drug	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
\$5G, \$20F, \$35NF																				
Individual	\$ 1,364.78	\$ 16,377.36	\$ 743.81	\$ 716.51	\$ 682.39	\$ 668.74	\$ 641.45	\$ 614.15	\$ 545.91	\$ 464.03	\$ 423.08	\$ 409.43	\$ 341.20	\$ 232.01	\$ 218.36	\$ 204.72	\$ 191.07	\$177.42	\$163.77	\$ 136.48
Family	\$ 3,499.65	\$ 41,995.80	\$1,907.31	\$ 1,837.32	\$1,749.83	\$1,714.83	\$1,644.84	\$ 1,574.84	\$ 1,399.86	\$ 1,189.88	\$ 1,084.89	\$1,049.90	\$ 874.91	\$ 594.94	\$ 559.94	\$ 524.95	\$ 489.95	\$454.95	\$419.96	\$ 349.97
Individual Medicare	\$ 1,382.01	\$ 16,584.12	\$ 753.20	\$ 725.56	\$ 691.01	\$ 677.18	\$ 649.54	\$ 621.90	\$ 552.80	\$ 469.88	\$ 428.42	\$ 414.60	\$ 345.50	\$ 234.94	\$ 221.12	\$ 207.30	\$ 193.48	\$179.66	\$165.84	\$ 138.20

Highmark Blue Shield of NE NY PPO 800 \$25 Copay FHM (ADMIN, TCHR, RN, SECRETARIES, LOCAL 766, MGMT CONF, A&M)

Drug	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
\$5G, \$20F, \$35NF																				
Individual	\$ 1,329.57	\$ 15,954.84	\$ 724.62	\$ 698.02	\$ 664.79	\$ 651.49	\$ 624.90	\$ 598.31	\$ 531.83	\$ 452.05	\$ 412.17	\$ 398.87	\$ 332.39	\$ 226.03	\$ 212.73	\$ 199.44	\$ 186.14	\$172.84	\$159.55	\$ 132.96
Family	\$ 3,405.18	\$ 40,862.16	\$1,855.82	\$ 1,787.72	\$1,702.59	\$1,668.54	\$1,600.43	\$ 1,532.33	\$ 1,362.07	\$ 1,157.76	\$ 1,055.61	\$1,021.55	\$ 851.30	\$ 578.88	\$ 544.83	\$ 510.78	\$ 476.73	\$442.67	\$408.62	\$ 340.52
Individual Medicare	\$ 1,319.72	\$ 15,836.64	\$ 719.25	\$ 692.85	\$ 659.86	\$ 646.66	\$ 620.27	\$ 593.87	\$ 527.89	\$ 448.70	\$ 409.11	\$ 395.92	\$ 329.93	\$ 224.35	\$ 211.16	\$ 197.96	\$ 184.76	\$171.56	\$158.37	\$ 131.97

Highmark Blue Shield of NE NY POS 200 \$25 Copay TA only

Drug	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
-\$5G, \$20F, \$35NF																				
Individual	\$ 1,208.44	\$ 14,501.28	\$ 658.60	\$ 634.43	\$ 604.22	\$ 592.14	\$ 567.97	\$ 543.80	\$ 483.38	\$ 410.87	\$ 374.62	\$ 362.53	\$ 302.11	\$ 205.43	\$ 193.35	\$ 181.27	\$ 169.18	\$157.10	\$145.01	\$ 120.84
Family	\$ 3,235.09	\$ 38,821.08	\$1,763.12	\$ 1,698.42	\$1,617.55	\$1,585.19	\$1,520.49	\$ 1,455.79	\$ 1,294.04	\$ 1,099.93	\$ 1,002.88	\$ 970.53	\$ 808.77	\$ 549.97	\$ 517.61	\$ 485.26	\$ 452.91	\$420.56	\$388.21	\$ 323.51
Individual Medicare	\$ 1,224.22	\$ 14,690.64	\$ 667.20	\$ 642.72	\$ 612.11	\$ 599.87	\$ 575.38	\$ 550.90	\$ 489.69	\$ 416.23	\$ 379.51	\$ 367.27	\$ 306.06	\$ 208.12	\$ 195.88	\$ 183.63	\$ 171.39	\$159.15	\$146.91	\$ 122.42

Highmark Blue Shield of NE NY POS 200 \$25 Copay FHM (ADMIN, TCHR, RN, SECRETARUES, LOCAL 766, MGMT CONF, A&M)

Drug	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
-\$5G, \$20F, \$35NF																				
Individual	\$ 1,173.23	\$ 14,078.76	\$ 639.41	\$ 615.95	\$ 586.62	\$ 574.88	\$ 551.42	\$ 527.95	\$ 469.29	\$ 398.90	\$ 363.70	\$ 351.97	\$ 293.31	\$ 199.45	\$ 187.72	\$ 175.98	\$ 164.25	\$152.52	\$140.79	\$ 117.32
Family	\$ 3,140.62	\$ 37,687.44	\$1,711.64	\$ 1,648.83	\$1,570.31	\$1,538.90	\$1,476.09	\$ 1,413.28	\$ 1,256.25	\$ 1,067.81	\$ 973.59	\$ 942.19	\$ 785.16	\$ 533.91	\$ 502.50	\$ 471.09	\$ 439.69	\$408.28	\$376.87	\$ 314.06
Individual Medicare	\$ 1,161.93	\$ 13,943.16	\$ 633.25	\$ 610.01	\$ 580.97	\$ 569.35	\$ 546.11	\$ 522.87	\$ 464.77	\$ 395.06	\$ 360.20	\$ 348.58	\$ 290.48	\$ 197.53	\$ 185.91	\$ 174.29	\$ 162.67	\$151.05	\$139.43	\$ 116.19

Capital District Physicians Health Plan (CDPHP) EPO \$25 Copay ALL GROUPS

Drug	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
-\$5G, \$25F, \$40NF																				
Individual	\$ 1,065.78	\$ 12,789.36	\$ 580.85	\$ 559.53	\$ 532.89	\$ 522.23	\$ 500.92	\$ 479.60	\$ 426.31	\$ 362.37	\$ 330.39	\$ 319.73	\$ 266.45	\$ 181.18	\$ 170.52	\$ 159.87	\$ 149.21	\$138.55	\$127.89	\$ 106.58
Family	\$ 2,721.97	\$ 32,663.64	\$1,483.47	\$ 1,429.03	\$1,360.99	\$1,333.77	\$1,279.33	\$ 1,224.89	\$ 1,088.79	\$ 925.47	\$ 843.81	\$ 816.59	\$ 680.49	\$ 462.73	\$ 435.52	\$ 408.30	\$ 381.08	\$353.86	\$326.64	\$ 272.20
Individual Medicare	\$ 1,065.78	\$ 12,789.36	\$ 580.85	\$ 559.53	\$ 532.89	\$ 522.23	\$ 500.92	\$ 479.60	\$ 426.31	\$ 362.37	\$ 330.39	\$ 319.73	\$ 266.45	\$ 181.18	\$ 170.52	\$ 159.87	\$ 149.21	\$138.55	\$127.89	\$ 106.58

MEDICARE ADVANTAGE PLANS EFFECTIVE 7/1/26 (RETIRED TCHR, TA, ADMIN, SECRETARIES, LOCAL 766, AIDES & MONITORS, MGMT CONF)

Individual Plans	Month	Annual	54.5%	52.5%	50%	49%	47%	45%	40%	34%	31%	30%	25%	17%	16%	15%	14%	13%	12%	10%
CDPHP MAP	\$ 837.91	\$ 10,054.92	\$ 456.66	\$ 439.90	\$ 418.96	\$ 410.58	\$ 393.82	\$ 377.06	\$ 335.16	\$ 284.89	\$ 259.75	\$ 251.37	\$ 209.48	\$ 142.44	\$ 134.07	\$ 125.69	\$ 117.31	\$108.93	\$100.55	\$ 83.79
BS MAP PPO In and Out of Area	\$ 1,028.18	\$ 12,338.16	\$ 560.36	\$ 539.79	\$ 514.09	\$ 503.81	\$ 483.24	\$ 462.68	\$ 411.27	\$ 349.58	\$ 318.74	\$ 308.45	\$ 257.05	\$ 174.79	\$ 164.51	\$ 154.23	\$ 143.95	\$133.66	\$123.38	\$ 102.82

*If your percentage isn't shown please take the monthly amount to the left and multiply by your % to get your monthly amount.

Highmark BlueShield of NE NY DENTAL

Instructional	Month	Annual	80%	75%	70%	65%	62.5%	47.5%	50%	37.5%	30%
Individual	\$ 35.54	\$ 426.48	\$ 28.43	\$ 26.66	\$ 24.88	\$ 23.10	\$ 22.21	\$ 16.88	\$ 17.77	\$ 13.33	\$ 10.66
Family	\$ 106.32	\$ 1,275.84	\$ 85.06	\$ 79.74	\$ 74.42	\$ 69.11	\$ 66.45	\$ 50.50	\$ 53.16	\$ 39.87	\$ 31.90

Non-Instructional	Month	Annual	80%	70%	60%	55%	40%
Individual	\$ 35.54	\$ 426.48	\$ 28.43	\$ 24.88	\$ 21.32	\$ 19.55	\$ 14.22
Family	\$ 106.32	\$ 1,275.84	\$ 85.06	\$ 74.42	\$ 63.79	\$ 58.48	\$ 42.53

**ACTIVE EMPLOYEE HEALTH INSURANCE CONTRIBUTION RATES
2026-2027**

TEACHERS/NURSES

Hours per day	5.25-7	3.51-5.24	1.75-3.5
FTE	.75-1	.51-.74	.25-.50
Individual Rate	13%	31%	54.50%
Family Rate	15%		

TEACHING ASSISTANTS

Hours per day	5.25-7	3.51-5.24	1.75-3.49
FTE	.75-1	.51-.74	.25-.49
Individual/fam Rate	14%	31%	54.50%

LOCAL 766

Hours per day	6.00-8.00	4.01-5.99	4 OR LESS
FTE	.75-1	.51-.74	.25-.49
Individual/fam Rate	15%	25%	40%

10 MONTH BUS DRIVERS

Hours per day	5.5-8	5.4 OR LESS
FTE*	.51-.74	.50 or less
Individual/fam Rate	25%	40%

SECRETARIAL ASSOCIATION

12 MONTH CLERICAL

Hours per day	6.00-8.00	4.01-5.99	2.40-4
FTE	.75-1	.51-.74	.30-.50
Individual/fam Rate	14%	28%	49%

10 MONTH CLERICAL

Hours per day	7.75 hr +	5.26-7.5	3.15-5.25
FTE*	.75-1	.51-.74	.30-.50
Individual/fam Rate	14%	34%	49%

AIDES/MONITORS

Hours per day	7.71-8.00	5.5-7.71	3.25-5.49
FTE	.75-1.0	.51-.74	.30-.50
Individual/fam Rate	10%	14%	50%

ADMINISTRATORS

Hours per day	6.00-8.00	4.01-5.99	2.40-4
FTE	.75-1.0	.51-.74	.30-.50
Individual Rate	14%	29%	52.5%
Family Rate	16%	29%	52.5%

**ACTIVE EMPLOYEE DENTAL INSURANCE CONTRIBUTION RATES
2026-2027**

TEACHERS/NURSES

Hours per day	5.25-7	3.51-5.24	1.75-3.5
FTE	.75-1	.51-.74	.25-.50
Individual Rate	30%	47.5%	65.00%
Family Rate	50%	62.5%	75.0%

TEACHING ASSISTANTS

Hours per day	5.25-7	3.51-5.24	1.75-3.49
FTE	.75-1	.51-.74	.25-.49
Individual Rate	30%	47.5%	65.00%
Family Rate	50%	62.5%	75.0%

LOCAL 766

Hours per day	6.00-8.00	4.01-5.99	4 OR LESS
FTE	.75-1	.51-.74	.25-.49
Individual Rate	40%	55%	70%
Family Rate	60%	70%	80%

10 MONTH BUS DRIVERS

Hours per day	5.5-8	5.4 OR LESS
FTE	.51-.74	.50 or less
Individual Rate	55%	70%
Family Rate	70%	80%

SECRETARIAL ASSOCIATION

12 MONTH CLERICAL

Hours per day	6.00-8.00	4.01-5.99	2.40-4
FTE	.75-1	.51-.74	.30-.50
Individual Rate	40%	55%	70%
Family Rate	60%	70%	80%

10 MONTH CLERICAL

Hours per day	5.26-7.5	3.15-5.25
FTE	.51-.74	.30-.50
Individual Rate	55%	70%
Family Rate	70%	80%

AIDES/MONITORS

Hours per day	7.71-8.00	5.5-7.70	3.25-5.49
FTE	.75-1.0	.51-.74	.30-.50
Individual Rate	40%	55%	70%
Family Rate	60%	70%	80%

ADMINISTRATORS

Hours per day	6.00-8.00	4.01-5.99	2.40-4
FTE	.75-1.0	.51-.74	.30-.50
Individual Rate	30%	47.5%	65.0%
Family Rate	50%	62.5%	75.0%