

**2025-26 New Lebanon CSD Health and Dental Rates**

**ADMIN PPO 815**

	Monthly Cost	Annual Cost	85% District Annual Cost	15.00% Emp Annual Cost		check	diff from last year	increase
<b>Individual</b>	\$978.85	\$11,746.20	\$9,984.27	\$1,761.93	\$11,746.20	\$0.00	\$1,506.72	14.71%
<b>2 Person</b>	\$2,539.28	\$30,471.36	\$25,900.66	\$4,570.70	\$30,471.36	\$0.00	\$4,063.56	15.39%
<b>Family</b>	\$2,687.14	\$32,245.68	\$27,408.83	\$4,836.85	\$32,245.68	\$0.00	\$4,346.28	15.58%
<b>Dental</b>								
<b>Individual</b>	\$55.19	\$662.28	\$562.94	\$99.34	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,325.59	\$233.93	\$1,559.52	\$0.00	\$0.00	

**NLTA PPO 815**

	Monthly Cost	Annual Cost	85% District Annual Cost	15.00% Emp Annual Cost		check	diff from last year	increase
<b>PRE 2004</b>								
<b>Individual</b>	\$974.83	\$11,697.96	\$9,943.27	\$1,754.69	\$11,697.96	\$0.00	\$1,458.48	14.24%
<b>2 Person</b>	\$2,529.75	\$30,357.00	\$25,803.45	\$4,553.55	\$30,357.00	\$0.00	\$3,949.20	14.95%
<b>Family</b>	\$2,677.33	\$32,127.96	\$27,308.77	\$4,819.19	\$32,127.96	\$0.00	\$4,228.56	15.16%
<b>POST 2004</b>								
<b>Individual</b>	\$957.06	\$11,484.72	\$9,762.01	\$1,722.71	\$11,484.72	\$0.00	\$1,471.08	14.69%
<b>2 Person</b>	\$2,487.56	\$29,850.72	\$25,373.11	\$4,477.61	\$29,850.72	\$0.00	\$3,979.20	15.38%
<b>Family</b>	\$2,634.00	\$31,608.00	\$26,866.80	\$4,741.20	\$31,608.00	\$0.00	\$4,259.28	15.57%
<b>Dental</b>					\$0.00	\$0.00		
<b>Individual</b>	\$55.19	\$662.28	\$562.94	\$99.34	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,325.59	\$233.93	\$1,559.52	\$0.00	\$0.00	

**CSEA**

**PPO 813**

	Monthly Cost	Annual Cost	87.5% District Annual Cost	12.5% Emp Annual Cost		check	diff from last year	increase
<b>Individual</b>	\$1,042.97	\$12,515.64	\$10,951.19	\$1,564.46	\$12,515.64	\$0.00	\$1,595.40	14.61%
<b>2 Person</b>	\$2,710.83	\$32,529.96	\$28,463.72	\$4,066.25	\$32,529.96	\$0.00	\$4,316.52	15.30%
<b>Family</b>	\$2,870.10	\$34,441.20	\$30,136.05	\$4,305.15	\$34,441.20	\$0.00	\$4,620.60	15.49%

**PPO 815**

	Monthly Cost	Annual Cost	87.5% District Annual Cost	12.5% Emp Annual Cost		check	diff from last year	increase
<b>Individual</b>	\$978.85	\$11,746.20	\$10,277.93	\$1,468.28	\$11,746.20	\$0.00	\$1,455.60	14.14%
<b>2 Person</b>	\$2,539.28	\$30,471.36	\$26,662.44	\$3,808.92	\$30,471.36	\$0.00	\$3,942.36	14.86%
<b>Family</b>	\$2,687.14	\$32,245.68	\$28,214.97	\$4,030.71	\$32,245.68	\$0.00	\$4,221.60	15.06%
<b>Dental</b>								
<b>Individual</b>	\$55.19	\$662.28	\$579.50	\$82.79	\$662.28	\$0.00	\$0.00	
<b>Family</b>	\$129.96	\$1,559.52	\$1,364.58	\$194.94	\$1,559.52	\$0.00	\$0.00	