


LITTLETON PUBLIC  SCHOOLS					
	Monthly Premium Rates for Insurance				
	July 1, 2025 - June 30, 2026				
	Employee Monthly Premium <i>(deducted from paycheck)</i>	District Monthly HSA Contribution <i>(deposited to bank account)</i>	Employee Monthly Net Cost/(Savings) after District HSA Contribution	District Monthly Premium <i>(insurance)</i>	Total Monthly Premium <i>(insurance)</i>
Cigna OAP					
Employee Only	\$ 87.39	\$0.00	\$ 87.39	\$ 1,004.93	\$ 1,092.32
Employee + Spouse	\$ 1,028.04	\$0.00	\$ 1,028.04	\$ 1,206.85	\$ 2,234.89
Employee + Child(ren)	\$ 930.58	\$0.00	\$ 930.58	\$ 1,092.40	\$ 2,022.98
Employee + Family	\$ 1,468.71	\$0.00	\$ 1,468.71	\$ 1,724.14	\$ 3,192.85
Cigna CDHP with HSA					
Employee Only	\$ 69.37	\$104.17	\$ (34.80)	\$ 797.69	\$ 867.06
Employee + Spouse	\$ 837.58	\$141.67	\$ 695.91	\$ 983.26	\$ 1,820.84
Employee + Child(ren)	\$ 757.82	\$141.67	\$ 616.15	\$ 889.60	\$ 1,647.42
Employee + Family	\$ 1,196.55	\$141.67	\$ 1,054.88	\$ 1,404.65	\$ 2,601.20
Kaiser DHMO					
Employee Only	\$ 59.34	\$0.00	\$ 59.34	\$ 682.41	\$ 741.75
Employee + Spouse	\$ 764.30	\$0.00	\$ 764.30	\$ 897.22	\$ 1,661.52
Employee + Child(ren)	\$ 692.65	\$0.00	\$ 692.65	\$ 813.10	\$ 1,505.75
Employee + Family	\$ 1,061.18	\$0.00	\$ 1,061.18	\$ 1,245.73	\$ 2,306.91
Kaiser HDHP with HSA					
Employee Only	\$ 49.87	\$104.17	\$ (54.30)	\$ 573.42	\$ 623.29
Employee + Spouse	\$ 647.83	\$141.67	\$ 506.16	\$ 760.50	\$ 1,408.33
Employee + Child(ren)	\$ 586.68	\$141.67	\$ 445.01	\$ 688.70	\$ 1,275.38
Employee + Family	\$ 901.23	\$141.67	\$ 759.56	\$ 1,057.96	\$ 1,959.19
Dental PPO Low Plan					
Employee Only	\$ 15.01		\$ 15.01	\$ 32.04	\$ 47.05
Employee + Spouse	\$ 28.06		\$ 28.06	\$ 41.11	\$ 69.17
Employee + Child(ren)	\$ 45.47		\$ 45.47	\$ 41.11	\$ 86.58
Employee + Family	\$ 68.53		\$ 68.53	\$ 41.11	\$ 109.64
Dental PPO High Plan					
Employee Only	\$ 22.54		\$ 22.54	\$ 41.11	\$ 63.65
Employee + Spouse	\$ 67.74		\$ 67.74	\$ 41.11	\$ 108.85
Employee + Child(ren)	\$ 103.39		\$ 103.39	\$ 41.11	\$ 144.50
Employee + Family	\$ 148.58		\$ 148.58	\$ 41.11	\$ 189.69
Dental HMO Plan					
Employee Only	\$ 1.99		\$ 1.99	\$ 5.48	\$ 7.47
Employee + Spouse	\$ 5.29		\$ 5.29	\$ 9.50	\$ 14.79
Employee + Child(ren)	\$ 10.63		\$ 10.63	\$ 11.10	\$ 21.73
Employee + Family	\$ 19.02		\$ 19.02	\$ 12.94	\$ 31.96
Vision Service Plan					
Employee Only	\$ 11.29		\$ 11.29	\$ -	\$ 11.29
Employee + 1	\$ 21.28		\$ 21.28	\$ -	\$ 21.28
Employee + Family	\$ 28.94		\$ 28.94	\$ -	\$ 28.94
Aetna Resources for Living EAP					
Per Employee Per Month	\$ -	\$ -	\$ -	\$ 1.26	\$ 1.26
Hartford Life Insurance					
Employee Life				\$0.105/1000	
AD&D				\$0.010/1000	
Dependent Life Rate per Unit	\$ 1.99				
Retiree Life Rates/\$1,000	\$ 7.75				

Cigna Voluntary Accident Low Plan					
Employee Only	\$	4.83			\$ 4.83
Employee + Spouse	\$	7.70			\$ 7.70
Employee + Child(ren)	\$	8.51			\$ 8.51
Employee + Family	\$	13.24			\$ 13.24
Cigna Voluntary Accident High Plan					
Employee Only	\$	8.02			\$ 8.02
Employee + Spouse	\$	12.77			\$ 12.77
Employee + Child(ren)	\$	13.80			\$ 13.80
Employee + Family	\$	21.60			\$ 21.60
Cigna Voluntary Hospital Low Plan					
Employee Only	\$	13.75			\$ 13.75
Employee + Spouse	\$	26.10			\$ 26.10
Employee + Child(ren)	\$	24.26			\$ 24.26
Employee + Family	\$	38.35			\$ 38.35
Cigna Voluntary Hospital High Plan					
Employee Only	\$	26.48			\$ 26.48
Employee + Spouse	\$	50.19			\$ 50.19
Employee + Child(ren)	\$	46.91			\$ 46.91
Employee + Family	\$	74.01			\$ 74.01
Cigna Voluntary Critical Illness (\$20,000) - Employee					
< 30	\$	4.18			\$ 4.18
30-39	\$	8.94			\$ 8.94
40-49	\$	18.62			\$ 18.62
50-59	\$	33.44			\$ 33.44
60-69	\$	58.72			\$ 58.72
70-79	\$	103.36			\$ 103.36
80+	\$	140.80			\$ 140.80
Cigna Voluntary Critical Illness - EE + Spouse					
< 30	\$	8.56			\$ 8.56
30-39	\$	17.68			\$ 17.68
40-49	\$	36.30			\$ 36.30
50-59	\$	68.98			\$ 68.98
60-69	\$	125.98			\$ 125.98
70-79	\$	218.70			\$ 218.70
80+	\$	296.98			\$ 296.98
Cigna Voluntary Critical Illness - EE + Child(ren)					
< 30	\$	11.60			\$ 11.60
30-39	\$	16.34			\$ 16.34
40-49	\$	26.04			\$ 26.04
50-59	\$	40.86			\$ 40.86
60-69	\$	66.12			\$ 66.12
70-79	\$	110.78			\$ 110.78
80+	\$	148.20			\$ 148.20
Cigna Voluntary Critical Illness - Family					
< 30	\$	15.96			\$ 15.96
30-39	\$	25.08			\$ 25.08
40-49	\$	43.70			\$ 43.70
50-59	\$	76.38			\$ 76.38
60-69	\$	133.38			\$ 133.38
70-79	\$	226.10			\$ 226.10
80+	\$	304.38			\$ 304.38

COBRA Monthly Premium Rates for Insurance July 1, 2025 - June 30, 2026					Estimated COBRA with 2% Fee per month Calculation July 1, 2025 - June 30, 2026				
	Employee	Employee and Spouse	Employee and Child(ren)	Employee, Spouse and Child(ren)		Employee	Employee and Spouse	Employee and Child(ren)	Employee, Spouse and Child(ren)
Cigna OAP	\$1,092.32	\$2,234.89	\$2,022.98	\$3,192.85	Cigna OAP	\$1,092.32	\$2,234.89	\$2,022.98	\$3,192.85
						\$21.85	\$44.70	\$40.46	\$63.86
Cigna CDHP with HSA	\$867.06	\$1,820.84	\$1,647.42	\$2,601.20		\$1,114.17	\$2,279.59	\$2,063.44	\$3,256.71
Kaiser DHMO	\$741.75	\$1,661.52	\$1,505.75	\$2,306.91	Cigna CDHP with HSA	\$867.06	\$1,820.84	\$1,647.42	\$2,601.20
						\$17.34	\$36.42	\$32.95	\$52.02
Kaiser HDHP with HSA	\$623.29	\$1,408.33	\$1,275.38	\$1,959.19		\$884.40	\$1,857.26	\$1,680.37	\$2,653.22
Dental PPO Low Plan	\$47.05	\$69.17	\$86.58	\$109.64	Kaiser DHMO	\$741.75	\$1,661.52	\$1,505.75	\$2,306.91
						\$14.84	\$33.23	\$30.12	\$46.14
Dental PPO High Plan	\$63.65	\$108.85	\$144.50	\$189.69		\$756.59	\$1,694.75	\$1,535.87	\$2,353.05
Dental HMO Plan	\$7.47	\$14.79	\$21.73	\$31.96	Kaiser HDHP with HSA	\$623.29	\$1,408.33	\$1,275.38	\$1,959.19
						\$12.47	\$28.17	\$25.51	\$39.18
	Employee	EE+1		Family		\$635.76	\$1,436.50	\$1,300.89	\$1,998.37
Vision Service Plan	\$11.29	\$21.28		\$28.94	Dental PPO Low Plan	\$47.05	\$69.17	\$86.58	\$109.64
Aetna EAP	PEPM					\$0.94	\$1.38	\$1.73	\$2.19
	\$1.26					\$47.99	\$70.55	\$88.31	\$111.83
	* Without 2% Admin fee.				Dental PPO High Plan	\$63.65	\$108.85	\$144.50	\$189.69
						\$1.27	\$2.18	\$2.89	\$3.79
						\$64.92	\$111.03	\$147.39	\$193.48
					Dental HMO Plan	\$7.47	\$14.79	\$21.73	\$31.96
						\$0.15	\$0.30	\$0.43	\$0.64
						\$7.62	\$15.09	\$22.16	\$32.60
						Employee	EE+1		Family
					Vision Service Plan	\$11.29	\$21.28		\$28.94
						\$0.23	\$0.43		\$0.58
						\$11.52	\$21.71		\$29.52
					Aetna EAP	PEPM			
						\$1.26			
						\$0.03			
						\$1.29			