

# TUBA CITY UNIFIED SCHOOL DISTRICT

P.O Box 67, Tuba City AZ 86045 | (928)283-1027/1006 Phone | (928)283-1200 Fax  
[www.tcusd.org](http://www.tcusd.org)

Staff,

Please be informed our health insurance with ASBAIT/Meritain has increased by 6 – 7% this 2026-2027 school year. Attached is the chart for your information. Further, payroll sets up all health insurance deductions to 20 pay period for all employees, regardless of if you are a 12-month employee. Please keep in mind that for spouse, dependent children, or family coverage will increase as well, follow the calculations below.

The medical plan that is a benefit (no cost) to employees is the **HDHP 2600**.

If you are signed up with **Banner Classic Silver**, employee only, your monthly rate is as follows:

$\$146.50 \times 12 \text{ months} = \$1,758 / 20 \text{ pay period} = \$87.90$  will be deducted bi-weekly.

**Value Gold:**

$\$97.50 \times 12 \text{ months} = \$1,170 / 20 \text{ pay period} = \$58.50$  will be deducted bi-weekly.

Should you have any questions, please contact HR as you cannot change your health plan after June 5, 2026.

LINDA  
HONAHNI  
BOARD CLERK

MARIE B.  
ACOTHLEY  
BOARD MEMBER

RONALD  
BEGAY  
BOARD PRESIDENT

LEE  
TSINIGINE  
BOARD MEMBER

KHRYSTEN  
SEWEINGYAWMA  
BOARD MEMBER

"Transforming our resilient WARRIORS into Positive and Successful Lifelong Learners"

## ASBAIT Current / Renewal

Classic Silver Enrollment		2025/2026 Rates			2026/2027 Rates					
Tier		Total Billed Cost (Monthly)	Employer Cost (Monthly)	Employee Cost (Monthly)	Total Billed Cost (Monthly)	Percent Change	Employer Cost (Monthly)	Percent Change	Employee Cost (Monthly)	Percent Change
EO	20	\$813.00	\$675.50	\$137.50	\$862.00	6%	\$715.50	6%	\$146.50	7%
ES	0	\$1,627.00	\$675.50	\$951.50	\$1,725.00	6%	\$715.50	6%	\$1,009.50	6%
EC	3	\$1,392.00	\$675.50	\$716.50	\$1,476.00	6%	\$715.50	6%	\$760.50	6%
FA	0	\$2,150.00	\$675.50	\$1,474.50	\$2,279.00	6%	\$715.50	6%	\$1,563.50	6%

### Value Gold Enrollment

Tier		Total Billed Cost (Monthly)	Employer Cost (Monthly)	Employee Cost (Monthly)	Total Billed Cost (Monthly)	Percent Change	Employer Cost (Monthly)	Percent Change	Employee Cost (Monthly)	Percent Change
EO	8	\$767.00	\$675.50	\$91.50	\$813.00	6%	\$715.50	6%	\$97.50	7%
ES	0	\$1,535.00	\$675.50	\$859.50	\$1,627.00	6%	\$715.50	6%	\$911.50	6%
EC	1	\$1,314.00	\$675.50	\$638.50	\$1,393.00	6%	\$715.50	6%	\$677.50	6%
FA	0	\$2,026.00	\$675.50	\$1,350.50	\$2,148.00	6%	\$715.50	6%	\$1,432.50	6%

### HDHP 2600\* Enrollment

Tier		Total Billed Cost (Monthly)	Employer Cost (Monthly)	Employee Cost (Monthly)	Total Billed Cost (Monthly)	Percent Change	Employer Cost (Monthly)	Percent Change	Employee Cost (Monthly)	Percent Change
EO	191	\$675.50	\$675.50	\$0.00	\$715.50	6%	\$715.50	6%	\$0.00	0%
ES	1	\$1,347.50	\$675.50	\$672.00	\$1,428.50	6%	\$715.50	6%	\$713.00	6%
EC	14	\$1,152.50	\$675.50	\$477.00	\$1,221.50	6%	\$715.50	6%	\$506.00	6%
FA	1	\$1,779.50	\$675.50	\$1,104.00	\$1,886.50	6%	\$715.50	6%	\$1,171.00	6%

\*District currently contributes \$1,000/year to HSA