

FY27 Health and Dental Plan Rates July 1, 2026 - June 30, 2027*

Non-Licensed Staff	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *	Out-of-Pocket (OOP) Maximum	Employer Share OOP **	Employee Share OOP (last dollar)**
HEALTH PLANS - Employer pays 80% of Gold CDHP Premium for Platinum, Gold and Gold CDHP only. Employee pays 20% of Gold CDHP Premium. For the Silver CDHP plan the employer pays 80% of the premium and the employee pays 20%.							
**HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)							
HSA - Available for Silver CDHP Plan only							
Platinum							
Single	\$17,222.16	\$1,435.18	\$1,057.05	\$378.13	\$2,800.00	\$2,200.00	\$600.00
Parent/Child(ren)	\$28,798.08	\$2,399.84	\$1,634.23	\$765.61	\$5,600.00	\$4,400.00	\$1,200.00
2-person	\$34,444.56	\$2,870.38	\$1,985.18	\$885.20	\$5,600.00	\$4,400.00	\$1,200.00
Family	\$48,721.32	\$4,060.11	\$2,928.03	\$1,132.08	\$5,600.00	\$4,400.00	\$1,200.00
Gold							
Single	\$16,888.68	\$1,407.39	\$1,057.05	\$350.34	\$3,100.00	\$2,200.00	\$900.00
Parent/Child(ren)	\$28,264.20	\$2,355.35	\$1,634.23	\$721.12	\$6,200.00	\$4,400.00	\$1,800.00
2-person	\$33,777.48	\$2,814.79	\$1,985.18	\$829.61	\$6,200.00	\$4,400.00	\$1,800.00
Family	\$47,807.40	\$3,983.95	\$2,928.03	\$1,055.92	\$6,200.00	\$4,400.00	\$1,800.00
Gold CDHP							
Single	\$15,855.72	\$1,321.31	\$1,057.05	\$264.26	\$2,500.00	\$2,200.00	\$300.00
Parent/Child(ren)	\$24,513.48	\$2,042.79	\$1,634.23	\$408.56	\$5,000.00	\$4,400.00	\$600.00
2-person	\$29,777.76	\$2,481.48	\$1,985.18	\$496.30	\$5,000.00	\$4,400.00	\$600.00
Family	\$43,920.48	\$3,660.04	\$2,928.03	\$732.01	\$5,000.00	\$4,400.00	\$600.00
Silver CDHP							
Single	\$14,514.84	\$1,209.57	\$967.66	\$241.91	\$4,000.00	\$2,200.00	\$1,800.00
Parent/Child(ren)	\$24,468.24	\$2,039.02	\$1,631.22	\$407.80	\$8,000.00	\$4,400.00	\$3,600.00
2-person	\$29,030.04	\$2,419.17	\$1,935.34	\$483.83	\$8,000.00	\$4,400.00	\$3,600.00
Family	\$41,304.96	\$3,442.08	\$2,753.66	\$688.42	\$8,000.00	\$4,400.00	\$3,600.00

* Premiums Subject to Change July 1, 2027

Health Premiums based on chart in Master Agreement based on hours worked per week. Health Premiums for non-represented staff based on FTE.

Dental Premiums based on FTE.

Health Insurance buy-out amount is \$2,500.00 and is based on FTE

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.				
Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.				
Employee pays the difference for Family				
Single	\$519.00	\$43.25	\$43.25	\$0.00
Parent/Child(ren)	\$942.00	\$78.50	\$78.50	\$0.00
2 Person	\$1,047.00	\$87.25	\$87.25	\$0.00
Family	\$1,614.00	\$134.50	\$87.25	\$47.25