Employee Medical Contributions 1/1/27

WIR = Wellness Incentive Rate NPR = Non-Participating Rate

BlueSelect Plus QHDHP									
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**	**HSA Contribution WIR**	**HSA Contribution NPR**
Employee	$736.05	$1,030	$0.00	$0.00	$0.00	$0.00	$0.00	$293.95	$243.95
Employee & Spouse	$1,541.95	$1,030	$511.95	$0.00	$0.00	$511.95	$561.95	$0.00	$0.00
Employee & Child(ren)	$1,398.51	$1,030	$368.51	($100.00)	$0.00	$268.51	$318.51	$0.00	$0.00
Family	$2,247.34	$1,030	$1,217.34	($330.00)	$0.00	$887.34	$937.34	$0.00	$0.00

Preferred-Care Blue - BlueSaver QHDHP									
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**	**HSA Contribution WIR**	**HSA Contribution NPR**
Employee	$819.57	$1,030	$0.00	$0.00	$0.00	$0.00	$0.00	$210.43	$160.43
Employee & Spouse	$1,717.88	$1,030	$687.88	$0.00	$0.00	$687.88	$737.88	$0.00	$0.00
Employee & Child(ren)	$1,557.20	$1,030	$527.20	$0.00	$0.00	$527.20	$577.20	$0.00	$0.00
Family	$2,501.25	$1,030	$1,471.25	$0.00	$0.00	$1,471.25	$1,521.25	$0.00	$0.00

BlueSelect Plus PPO							
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**
Employee	$1,030.00	$1,030	$0.00	$0.00	$0.00	$0.00	$50.00
Employee & Spouse	$2,120.02	$1,030	$1,090.02	$0.00	$0.00	$1,090.02	$1,140.02
Employee & Child(ren)	$1,919.90	$1,030	$889.90	$0.00	$0.00	$889.90	$939.90
Family	$3,081.57	$1,030	$2,051.57	$0.00	$0.00	$2,051.57	$2,101.57

Preferred-Care Blue PPO							
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**
Employee	$1,131.42	$1,030	$101.42	$0.00	$24.44	$125.86	$175.86
Employee & Spouse	$2,374.80	$1,030	$1,344.80	$0.00	$324.10	$1,668.90	$1,718.90
Employee & Child(ren)	$2,149.71	$1,030	$1,119.71	$0.00	$269.85	$1,389.56	$1,439.56
Family	$3,449.25	$1,030	$2,419.25	$0.00	$583.04	$3,002.29	$3,052.29

BlueSelect Plus EPO							
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**
Employee	$1,030.00	$1,030	$0.00	$0.00	$18.60	$18.60	$68.60
Employee & Spouse	$2,149.37	$1,030	$1,119.37	$0.00	$208.20	$1,327.57	$1,377.57
Employee & Child(ren)	$1,946.38	$1,030	$916.38	$0.00	$170.45	$1,086.83	$1,136.83
Family	$3,123.93	$1,030	$2,093.93	$0.00	$389.47	$2,483.40	$2,533.40

Blue-Care HMO (Closed to New Enrollment)							
4-Tier	**Monthly Premium Rates**	**District Contribution**	**Employee Cost**	**Premium Reduction**	**Plan Buy-Up Charge**	**Employee Cost WIR**	**Employee Cost NPR**
Employee	$1,147.25	$1,030	$117.25	$0.00	$32.71	$149.96	$199.96
Employee & Spouse	$2,408.15	$1,030	$1,378.15	$0.00	$384.50	$1,762.65	$1,812.65
Employee & Child(ren)	$2,179.78	$1,030	$1,149.78	$0.00	$320.79	$1,470.57	$1,520.57
Family	$3,497.38	$1,030	$2,467.38	$0.00	$688.40	$3,155.78	$3,205.78

If you and your spouse both work for the District, ask your Benefits Department about how to combine your District Contribution.