



Fayette County Public Schools

2027 Health Insurance Per-Check Deduction

Non-Tobacco Use Rates

LivingWell CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$27.53	\$70.59	\$174.76	\$205.44	\$44.75

LivingWell PPO	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$45.91	\$130.86	\$294.46	\$369.07	\$87.80

LivingWell Basic CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$14.60	\$44.77	\$144.93	\$173.91	\$16.22

LivingWell HDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$10.75	\$28.89	\$128.99	\$155.17	\$15.04

Tobacco-Use Rates

LivingWell CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$47.53	\$110.59	\$214.76	\$245.44	\$64.75

LivingWell PPO	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$65.91	\$170.86	\$334.46	\$409.07	\$107.80

LivingWell Basic CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$34.60	\$74.77	\$184.93	\$213.91	\$36.22

LivingWell HDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$30.75	\$68.89	\$168.99	\$195.17	\$35.04

Note: If you did not complete your Living Well Promise in 2026, your paycheck deduction will be \$20 higher than the 2027 chart rate. New hires will start at the "promise completed" rate.

* Cross-reference not available for new hires with an insurance effective date of Jan. 1, 2025, or after.

2027 State Dental & State Vision Deductions (Per Check)

Anthem Dental Plans

	Bronze	Silver	Gold
Employee	\$7.32	\$11.12	\$14.77
Employee + Spouse	\$13.35	\$21.12	\$28.55
Employee + Child(ren)	\$17.77	\$23.87	\$36.40
Family	\$25.62	\$33.50	\$53.09

Anthem Vision Plans

	Bronze	Silver	Gold
Employee	\$2.76	\$3.23	\$6.56
Employee+ Spouse	\$5.47	\$6.40	\$13.07
Employee + Child(ren)	\$5.61	\$6.56	\$13.40
Family	\$8.32	\$9.74	\$19.91