ABSASP, AFSCME, Administration, Operational Assistants & Nonaffiliated Employees Cost for Insurance Plans

*Listed amounts are based on full FTE status.

January 1, 2027 - December 31, 2027			
Medical - 24 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
ABC 2 5 Tier	$59.21	$186.37	$189.22
ABC 2.5 5 Tier	$44.00	$152.15	$146.63
ABC 2.5 5 Tier (20% Coinsurance)	$8.73	$72.79	$47.87
ABC 3 5 Tier (20% Coinsurance)	-$9.47	$31.86	-$3.06

January 1, 2027 - December 31, 2027			
Medical - 20 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
ABC 2 5 Tier	$71.05	$223.64	$227.06
ABC 2.5 5 Tier	$52.79	$182.57	$175.95
ABC 2.5 5 Tier (20% Coinsurance)	$10.47	$87.34	$57.44
ABC 3 5 Tier (20% Coinsurance)	-$11.36	$38.23	-$3.67

January 1, 2027 - December 31, 2027			
Dental - 24 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
Principals	$2.36	$4.15	$7.45
AFSCME	$2.26	$4.05	$7.48
Admin., Op. Asst., NonAffl.	$2.41	$4.31	$7.53

January 1, 2027 - December 31, 2027			
Dental - 20 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
Principals	$2.84	$4.98	$8.94
AFSCME	$2.71	$4.86	$8.98
Admin., Op. Asst., NonAffl.	$2.90	$5.17	$9.04

January 1, 2027 - December 31, 2027	
Vision - 24 Deductions	
Tier	Employee Cost per pay
Single	$0.21
2 Person	$0.42
Family	$0.70

January 1, 2027 - December 31, 2027	
Vision - 20 Deductions	
Tier	Employee Cost per pay
Single	$0.25
2 Person	$0.51
Family	$0.84

BAECE and CSO Cost for Insurance Plans

*Listed amounts are based on full FTE status.

January 1, 2027 - December 31, 2027	
Medical - 24 Deduction Employee	
Plan	Employee Cost per pay
	Single
ABC 2 5 Tier	$55.21
ABC 2.5 5 Tier	$40.16
ABC 2.5 5 Tier (20% Coinsurance)	$5.24
ABC 3 5 Tier (20% Coinsurance)	-$12.77

January 1, 2027 - December 31, 2027	
Medical - 20 Deduction Employee	
Plan	Employee Cost per pay
	Single
ABC 2 5 Tier	$66.25
ABC 2.5 5 Tier	$48.19
ABC 2.5 5 Tier (20% Coinsurance)	$6.28
ABC 3 5 Tier (20% Coinsurance)	-$15.32

January 1, 2027 - December 31, 2027	
Dental - 24 Deduction Employee	
Employee Group	Employee Cost per pay
	Single
BAECE / CSO	$2.11

January 1, 2027 - December 31, 2027	
Dental - 20 Deduction Employee	
Employee Group	Employee Cost per pay
	Single
BAECE / CSO	$2.54

January 1, 2027 - December 31, 2027	
Vision - 24 Deductions	
Tier	Employee Cost per pay
Single	$0.21

January 1, 2027 - December 31, 2027	
Vision - 20 Deductions	
Tier	Employee Cost per pay
Single	$0.25

Teachers, Paraprofessionals, Secretaries, and TOA Cost for Insurance Plans

*Listed amounts are based on full FTE status.

January 1, 2027 - December 31, 2027			
Medical - 24 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
ABC 2 5 Tier	$55.21	$177.38	$178.03
ABC 2.5 5 Tier	$40.16	$143.51	$135.88
ABC 2.5 5 Tier (20% Coinsurance)	$5.24	$64.94	$38.10
ABC 3 5 Tier (20% Coinsurance)	-$12.77	$24.43	-$12.32

January 1, 2027 - December 31, 2027			
Medical - 20 Deduction Employee			
Plan	Employee Cost per pay		
	Single	2 Person	Family
ABC 2 5 Tier	$66.25	$212.86	$213.64
ABC 2.5 5 Tier	$48.19	$172.21	$163.05
ABC 2.5 5 Tier (20% Coinsurance)	$6.28	$77.92	$45.72
ABC 3 5 Tier (20% Coinsurance)	-$15.32	$23.05	-$21.07

January 1, 2027 - December 31, 2027			
Dental - 24 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
BEA	$2.11	$3.92	$7.42
Secretaries	$2.42	$4.51	$7.77
Secretaries COB	$1.10	$2.05	$3.76
Paraprofessionals	$2.49	$4.55	$7.80

January 1, 2027 - December 31, 2027			
Dental - 20 Deduction Employee			
Employee Group	Employee Cost per pay		
	Single	2 Person	Family
BEA	$2.54	$4.70	$8.90
Secretaries	$2.91	$5.41	$9.33
Secretaries COB	$1.32	$2.45	$4.52
Paraprofessionals	$2.99	$5.46	$9.36

January 1, 2027 - December 31, 2027	
Vision - 24 Deductions	
Tier	Employee Cost per pay
Single	$0.21
2 Person	$0.42
Family	$0.70

January 1, 2027 - December 31, 2027	
Vision - 20 Deductions	
Tier	Employee Cost per pay
Single	$0.25
2 Person	$0.51
Family	$0.84