PARKWAY
HEALTH INSURANCE RATES
PER-CHECK COSTS
PART-TIME CERTIFICATED &
PARENT EDUCATORS

	January 1, 2027 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	**298.57**	247.47	546.04
EMP/SPOUSE	**554.42**	341.75	896.17
EMP/SPOUSE/1CHILD	**679.77**	387.94	1,067.71
EMP/SPOUSE/2+ CHILDREN	**815.44**	437.95	1,253.39
EMP/1 CHILD	**423.88**	293.65	717.52
EMP/2+ CHILDREN	**554.41**	341.75	896.17

	January 1, 2027 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	**247.46**	247.47	494.94
EMP/SPOUSE	**421.62**	341.75	763.38
EMP/SPOUSE/1CHILD	**541.52**	387.94	929.47
EMP/SPOUSE/2+ CHILDREN	**665.28**	437.95	1,103.23
EMP/1 CHILD	**336.67**	293.65	630.31
EMP/2+ CHILDREN	**433.90**	341.75	775.66

******* For the high deductible plan, the District will be contributing $800 on the first payroll in January and then $53.91 per payroll per employee into the Employees Health Savings Account thereafter. For a total of $2,040 Employees starting after the new year will have a pro-rated contribution.**

	January 1, 2027 PARKWAY DENTAL DELTA DENTAL		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	**12.58**	12.58	25.16
EMP/SPOUSE	**26.51**	17.53	44.04
EMP/SPOUSE/1+ CHILD	**48.09**	25.20	73.29
EMP/1+ CHILD	**34.14**	20.24	54.38

	January 1, 2027 EYE MED VISION		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	**1.34**	1.35	2.69
EMP/1 DEPENDENT	**2.85**	1.88	4.82
EMP/2+ DEPENDENT	**4.30**	2.38	6.81