PARKWAY

HEALTH INSURANCE RATES

PER CHECK COSTS

FULL-TIME EMPLOYEES

	JANUARY 1, 2027 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	51.00	494.94	546.04
EMP/SPOUSE	212.67	683.50	896.17
EMP/SPOUSE/1CHILD	291.82	775.88	1067.71
EMP/SPOUSE/2+ CHILDREN	377.50	875.89	1253.39
EMP/1 CHILD	130.22	587.29	717.52
EMP/2+ CHILDREN	212.67	683.50	896.17

	JANUARY 1, 2027 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	494.94	494.94
EMP/SPOUSE	79.88	683.50	763.38
EMP/SPOUSE/1CHILD	153.59	775.88	929.47
EMP/SPOUSE/2+ CHILDREN	227.33	875.89	1103.23
EMP/1 CHILD	43.02	587.29	630.31
EMP/2+ CHILDREN	92.16	683.50	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	0.00	25.16	25.16
EMP/SPOUSE	8.99	35.05	44.04
EMP/SPOUSE/1+ CHILD	22.89	50.40	73.29
EMP/1+ CHILD	13.90	40.48	54.38

	JANUARY 1, 2027 VISION RATES		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	2.69	2.69
EMP/1 DEPENDENT	1.07	3.75	4.82
EMP/2+ DEPENDENT	2.06	4.75	6.81

Withholdings are only made on the first and second check of each month.