PARKWAY

HEALTH INSURANCE RATES

PER CHECK COSTS

FULL-TIME EMPLOYEES-NON YEAR ROUND

	JANUARY 1, 2027 UHC BASE PLAN (OPTION 1)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	68.13	659.92	728.05
EMP/SPOUSE	283.56	911.33	1,194.89
EMP/SPOUSE/1CHILD	389.10	1,034.51	1,423.61
EMP/SPOUSE/2+ CHILDREN	503.33	167.86	1,671.19
EMP/1 CHILD	173.63	783.06	956.69
EMP/2+ CHILDREN	283.56	911.33	1,194.89

	JANUARY 1, 2027 UHC HIGH DEDUCTIBLE (HSA)		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	637.85	673.85
EMP/SPOUSE	106.51	911.33	1,017.84
EMP/SPOUSE/1CHILD	204.78	1,034.51	1,239.29
EMP/SPOUSE/2+ CHILDREN	303.11	1,167.86	14,070.97
EMP/1 CHILD	57.35	840.41	840.41
EMP/2+ CHILDREN	122.89	911.33	1,034.22

******* For the high deductible plan, the District will be contributing $800.00 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	31.78	31.78
EMP/SPOUSE	11.36	44.27	55.63
EMP/SPOUSE/1+ CHILD	28.91	63.66	92.58
EMP/1+ CHILD	17.56	51.13	68.69

	JANUARY 1, 2027 VISION RATES		
	Employee Cost	Parkway Cost	Total Cost
EMPLOYEE	0.00	3.40	3.40
EMP/1 DEPENDENT	1.35	4.74	6.09
EMP/2+ DEPENDENT	2.60	6.00	8.60

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