2027 Monthly Rates

Admin	District Contribution	Total District Premium Contribution	VEBA Contribution	Annual Premium	Monthly Premium	Monthly Amount Paid towards Premium	Monthly Premium Cost to Employee	Annual Premium Cost to Employee	Plan Costs beyond Deductible	Max OOP Total Annual Employee Cost
Employee	Premium + Ded.	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$14,476.20	$5,200.00	$14,476.20	$1,206.35	$1,206.35	$0.00	$0.00	$900.00	$900.00
	$3500 / $7000	$14,690.76	$7,000.00	$14,690.76	$1,224.23	$1,224.23	$0.00	$0.00		$0.00
	$6350 / $12700	$11,389.20	$12,700.00	$11,389.20	$949.10	$949.10	$0.00	$0.00		$0.00
Employee + Spouse	Premium + Ded.	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$30,628.92	$5,200.00	$30,628.92	$2,552.41	$2,552.41	$0.00	$0.00	$1,300.00	$1,300.00
	$3500 / $7000	$31,082.88	$7,000.00	$31,082.88	$2,590.24	$2,590.24	$0.00	$0.00		$0.00
	$6350 / $12700	$24,097.32	$12,700.00	$24,097.32	$2,008.11	$2,008.11	$0.00	$0.00		$0.00
Employee + Children	Premium + Ded.	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$23,547.84	$5,200.00	$23,547.84	$1,962.32	$1,962.32	$0.00	$0.00	$1,300.00	$1,300.00
	$3500 / $7000	$23,896.80	$7,000.00	$23,896.80	$1,991.40	$1,991.40	$0.00	$0.00		$0.00
	$6350 / $12700	$18,526.32	$12,700.00	$18,526.32	$1,543.86	$1,543.86	$0.00	$0.00		$0.00
Family	Premium + Ded.	***Numbers are Approximate - Verify your Hours and/or FTE for Accuracy***								
	$2600 / $5200	$45,913.56	$5,200.00	$45,913.56	$3,826.13	$3,826.13	$0.00	$0.00	$1,300.00	$1,300.00
	$3500 / $7000	$46,594.08	$7,000.00	$46,594.08	$3,882.84	$3,882.84	$0.00	$0.00		$0.00
	$6350 / $12700	$36,122.64	$12,700.00	$36,122.64	$3,010.22	$3,010.22	$0.00	$0.00		$0.00