2027 Monthly Rates

Misc. Salary E+S + Deductible to VEBA	District Contribution	Total District Premium Contribution	VEBA Amount	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										
$2600 / $5200	$17,076.20	$14,476.20	$2,600.00	$14,476.20	$1,206.35	$1,206.35	$0.00	$0.00	$900.00	$900.00
Employee + Spouse										
$2600 / $5200	$35,828.92	$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
Employee + Children										
$2600 / $5200	$35,828.92	$30,628.92	$5,200.00	$23,547.84	$1,962.32	$2,552.41	$0.00	$0.00	$1,300.00	$1,300.00
Family										
$2600 / $5200	$35,828.92	$30,628.92	$5,200.00	$45,913.56	$3,826.13	$2,552.41	$1,273.72	$15,284.64	$1,300.00	$16,584.64

Employee										
$3500 / $7000	$18,190.76	$14,690.76	$3,500.00	$14,690.76	$1,224.23	$1,224.23	$0.00	$0.00		$0.00
Employee + Spouse										
$3500 / $7000	$38,082.88	$31,082.88	$7,000.00	$31,082.88	$2,590.24	$2,590.24	$0.00	$0.00		$0.00
Employee + Children										
$3500 / $7000	$30,896.80	$23,896.80	$7,000.00	$23,896.80	$1,991.40	$1,991.40	$0.00	$0.00		$0.00
Family										
$3500 / $7000	$38,082.88	$31,082.88	$7,000.00	$46,594.08	$3,882.84	$2,590.24	$1,292.60	$15,511.20		$15,511.20

Employee										
$6350 / $12700	$17,739.20	$11,389.20	$6,350.00	$11,389.20	$949.10	$949.10	$0.00	$0.00		$0.00
Employee + Spouse										
$6350 / $12700	$36,797.32	$24,097.32	$12,700.00	$24,097.32	$2,008.11	$2,008.11	$0.00	$0.00		$5,700.00
Employee + Children										
$6350 / $12700	$31,226.32	$18,526.32	$12,700.00	$18,526.32	$1,543.86	$1,543.86	$0.00	$0.00		$0.00
Family										
$6350 / $12700	$36,797.32	$24,097.32	$12,700.00	$36,122.64	$3,010.22	$2,008.11	$1,002.11	$12,025.32		$12,025.32