2027 Medical Plan Rate							
HMO 1750 / 3500							
	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 767.11	$ 9,205.32	$ 8,108.35	$ 1,096.97	NA	$ 2,846.97	$2,000/$4,000
2 person	$ 1,723.16	$ 20,677.92	$ 17,107.66	$ 3,570.26	NA	$ 7,070.26	$2,000/$4,000
Family	$ 2,143.77	$ 25,725.24	$ 22,310.11	$ 3,415.13	NA	$ 6,915.13	$2,000/$4,000

2027 Medical Plan Rate							
PPO 1750 / 3500							
	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 868.81	$ 10,425.72	$ 8,108.35	$ 2,317.37	NA	$ 4,067.37	$2,000/$4,000
2 person	$ 1,951.61	$ 23,419.32	$ 17,107.66	$ 6,311.66	NA	$ 9,811.66	$2,000/$4,000
Family	$ 2,427.98	$ 29,135.76	$ 22,310.11	$ 6,825.65	NA	$ 10,325.65	$2,000/$4,000

Max out of pocket is based on "in network" care; out of network care is usually doubled out of network.
Deductible exposure is the difference between district funded HSA and Deductible
Once deductible is met scrips are:

Tier 1: $10 copay
Tier 2: $20 copay
Tier 3: $40 copay
Tier 4: $20 copay
Tier 5: $40 copay

Max contribution to HSA: $4500 / $9000; Catch up Age 55+ $1,000

2027 Medical Plan Rate

HMO 2000 / 4000 *80%

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 650.62	$ 7,807.44	$ 8,108.35	NA	$ 300.91	$ 1,699.09	$4,000/$8,000
2 person	$ 1,461.49	$ 17,537.88	$ 17,107.66	$ 430.22	NA	$ 4,430.22	$4,000/$8,000
Family	$ 1,818.22	$ 21,818.64	$ 22,310.11	NA	$ 491.47	$ 3,508.53	$4,000/$8,000

2027 Medical Plan Rate

HMO 2000 / 4000

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 733.29	$ 8,799.48	$ 8,108.35	$ 691.13	NA	$ 2,691.13	$4,000/$8,000
2 person	$ 1,647.19	$ 19,766.28	$ 17,107.66	$ 2,658.62	NA	$ 6,658.62	$4,000/$8,000
Family	$ 2,049.25	$ 24,591.00	$ 22,310.11	$ 2,280.89	NA	$ 6,280.89	$4,000/$8,000

2027 Medical Plan Rate

PPO 2000 / 4000

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 834.85	$ 10,018.20	$ 8,108.35	$ 1,909.85	NA	$ 3,909.85	$4,000/$8,000
2 person	$ 1,875.32	$ 22,503.84	$ 17,107.66	$ 5,396.18	NA	$ 9,396.18	$4,000/$8,000
Family	$ 2,333.07	$ 27,996.84	$ 22,310.11	$ 5,686.73	NA	$ 9,686.73	$4,000/$8,000

Max out of pocket is based on "in network" care; out of network care is usually doubled out of network.
Deductible exposure is the difference between district funded HSA and Deductible

Once deductible is met scrips are:

Tier 1: $10 copay
Tier 2: $20 copay
Tier 3: $40 copay
Tier 4: $20 copay
Tier 5: $40 copay

Max contribution to HSA: $4500 / $9000; Catch up Age 55+ $1,000

2027 Medical Plan Rate

HMO 3000 / 6000 *80%

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 582.78	$ 6,993.36	$ 8,108.35	NA	$ 1,114.99	$ 1,885.01	$5,000/$10,000
2 person	$ 1,309.10	$ 15,709.20	$ 17,107.66	NA	$ 1,398.46	$ 4,601.54	$5,000/$10,000
Family	$ 1,628.64	$ 19,543.68	$ 22,310.11	NA	$ 2,766.43	$ 3,233.57	$5,000/$10,000

2027 Medical Plan Rate

HMO 3000 / 6000

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Deduct. Exposure	Max Out Pocket
Single	$ 643.71	$ 7,724.52	$ 8,108.35	NA	$ 383.83	$ 2,616.17	$5,000/$10,000
2 person	$ 1,445.96	$ 17,351.52	$ 17,107.66	$ 243.86	NA	$ 6,243.86	$5,000/$10,000
Family	$ 1,798.91	$ 21,586.92	$ 22,310.11	NA	$ 723.19	$ 5,276.81	$5,000/$10,000

Max out of pocket is based on "in network" care; out of network care is usually doubled out of network.
Deductible exposure is the difference between district funded HSA and Deductible
Once deductible is met scrips are:

Tier 1: $10 copay
Tier 2: $20 copay
Tier 3: $40 copay
Tier 4: $20 copay
Tier 5: $40 copay

Max contribution to HSA: $4500 / $9000; Catch up Age 55+ $1,000

2027 Medical Plan Rate

HMO 100/200 (Co-Pay Plan)

Note - this plan is only available to SSEPA and certain NBOT

	2027 Rates	Annual Premium	2027 Hard Cap	Annual Employee Cost	Employer Contibution to H.S.A.	Max Out Pocket
Single	$ 821.35	$ 9,856.20	$ 8,108.35	$ 1,747.85	NA	$9,100/ $18,200
2 person	$ 1,642.70	$ 19,712.40	$ 17,107.66	$ 2,604.74	NA	$9,100/ $18,200
Family	$ 2,546.18	$ 30,554.16	$ 22,310.11	$ 8,244.05	NA	$9,100/ $18,200

Max out of pocket is based on "in network" care; out of network care is usually doubled out of network.

Co Pay Plan ONLY - Scripts (deductible NA)

Tier 1: $10 copay
Tier 2: $40 copay
Tier 3: $80 copay

Tier 4: 20% coinsurance ($100 max)
Tier 5: 20% coinsurance ($200 max)

Cannot have an HSA with this plan