Garrison Forest School

2027 HEALTH INSURANCE RATES

Effective January 1, 2027 - December 31, 2027, the premiums will be as follows:

MEDICAL:

Aetna Core HSA HDHP:

				Monthly	Per Paycheck
Employee	$ 721.75	Less: GFS Contribution of $ 649.57	=	**$72.17**	**$ 36.09**
Employee/Child(ren)	$1,371.31	Less: GFS Contribution of $ 685.66	=	**$685.66**	**$ 342.83**
Employee/Partner	$1,660.00	Less: GFS Contribution of $ 830.00	=	**$830.00**	**$ 415.00**
Family	$2,165.21	Less: GFS Contribution of $1,082.61	=	**$1,082.61**	**$ 541.30**

Annual Deductibles for Core HSA:	**In-Network**	**Non-Network**
Individual	$ 3,500 per year	$10,000 per year
Employee-Spouse/Family	$ 7,000 per year	$20,000 per year

Aetna Premium HSA HDHP:

				Monthly	Per Paycheck
Employee	$ 745.75	Less: GFS Contribution of $ 671.17	=	**$ 74.57**	**$ 37.29**
Employee/Child(ren)	$ 1,416.89	Less: GFS Contribution of $ 708.45	=	**$ 708.45**	**$ 354.22**
Employee/Partner	$1,715.21	Less: GFS Contribution of $ 857.61	=	**$ 857.61**	**$ 428.80**
Family	$2,237.23	Less: GFS Contribution of $1,118.62	=	**$ 1,118.62**	**$ 559.31**

Annual Deductibles for Premium HSA:	**In-Network**	**Non-Network**
Individual	$ 2,500 per year	$ 10,000 per year
Employee-Spouse/Family	$ 5,000 per year	$ 20,000 per year

2027 HEALTH INSURANCE RATES (continued)

Aetna (POS):

				Monthly	Per Paycheck
Employee	$ 1,084.52	Less: GFS Contribution of $ 976.07	=	**$ 108.45**	**$ 54.23**
Employee/Child(ren)	$1,922.19	Less: GFS Contribution of $ 1,030.29	=	**$ 1,030.29**	**$ 515.15**
Employee/Partner	$2,494.37	Less: GFS Contribution of $ 1,247.19	=	**$ 1,247.19**	**$ 623.59**
Family	$3,253.54	Less: GFS Contribution of $1,626.77	=	**$1,626.77**	**$ 813.39**

Annual deductibles for POS:	**In-Network**	**Non-Network**
Individual	$1,000 per year	$2,000 per year
Employee-Spouse/Family	$2,000 per year	$4,000 per year

Aetna (EPO)

				Monthly	Per Paycheck
Employee	$ 802.10	Less: GFS Contribution of $ 721.89	=	**$ 80.21**	**$ 40.11**
Employee/Child(ren)	$ 1,524.00	Less: GFS Contribution of $ 762.00	=	**$ 762.00**	**$ 381.00**
Employee/Partner	$ 1,844.84	Less: GFS Contribution of $ 922.42	=	**$ 922.42**	**$ 461.21**
Family	$ 2,406.31	Less: GFS Contribution of $ 1,203.15	=	**$ 1,203.15**	**$ 601.58**

Annual deductibles for EPO:	**In-Network**
Individual	$ 0 per year
Employee-Spouse/Family	$ 0 per year

2027 HEALTH INSURANCE RATES (continued)

DENTAL:

	Renaissance Dental Low PPO 2500		**Renaissance Dental High PPO 5000**	
	Monthly	**Per Check**	**Monthly**	**Per Check**
Employee	$ 30.15	$15.07	$ 39.68	$19.84
Employee/Child(ren)	$ 74.75	$37.37	$ 90.93	$45.46
Employee/Partner	$ 60.28	$30.14	$ 79.34	$39.67
Family	$117.83	$58.91	$145.51	$72.75

Renaissance Dental Annual deductibles for 2500 and 5000 Plans:	**In-Network**	**Non-Network**
Individual	$0 per year	$0 per year
Employee-Spouse/Family	$0 per year	$0 per year

VISION:

	VSP Vision	
	Monthly	**Per Check**
Employee	$ 7.61	$ 3.80
Employee/Children	$ 16.25	$ 8.12
Employee/Partner	$ 13.10	$ 6.55
Family	$ 25.99	$12.99

Dental and Vision coverage can be purchased whether you participate in the PPO, HSA or no medical plan. There is no school contribution to these plans.