Ottawa Area ISD.
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Insurance Premium Costs and Employee Cost Sharing - All Groups

January 1, 2027 - December 31, 2027

Medical/Rx		Full Plan Costs without Employer Contribution *2027 Premium Rate 14.9% Increase*		Full-time Employee Costs*			
				Plan Premiums		Per Pay Premiums	
		Annual	Monthly	Annual	Monthly	20	24
Priority Health HDHP $3000/6000 w/ HSA	Single	$7,154.40	$596.20	$0.00	$0.00	$0.00	$0.00
	2 Person	$16,097.52	$1,341.46	$0.00	$0.00	$0.00	$0.00
	Family	$20,032.44	$1,669.37	$0.00	$0.00	$0.00	$0.00
PH PPO $2000/4000	Single	$8,172.24	$681.02	$0.00	$0.00	$0.00	$0.00
	2 Person	$18,387.48	$1,532.29	$1,279.80	$106.65	$63.99	$53.33
	Family	$22,882.20	$1,906.85	$572.04	$47.67	$28.60	$23.84
BCBS PPO $1000/2000	Single	$10,164.96	$847.08	$1,984.56	$165.38	$99.23	$82.69
	2 Person	$22,871.16	$1,905.93	$5,763.48	$480.29	$288.17	$240.15
	Family	$28,461.84	$2,371.82	$6,151.68	$512.64	$307.58	$256.32
BCBS PPO $250/500	Single	$11,713.44	$976.12	$3,533.04	$294.42	$176.65	$147.21
	2 Person	$26,354.76	$2,196.23	$9,247.08	$770.59	$462.35	$385.31
	Family	$32,797.08	$2,733.09	$10,486.92	$873.91	$524.35	$436.96
ADN - Dental	Single	$631.68	$52.64	$0.00	$0.00	$0.00	$0.00
	2 Person	$1,425.72	$118.81	$0.00	$0.00	$0.00	$0.00
	Family	$1,711.08	$142.59	$0.00	$0.00	$0.00	$0.00
NVA - Vision	Single	$120.96	$10.08	$0.00	$0.00	$0.00	$0.00
	2 Person	$120.96	$10.08	$0.00	$0.00	$0.00	$0.00
	Family	$120.96	$10.08	$0.00	$0.00	$0.00	$0.00

Monthly Cash in Lieu	
Medical	$167.00
Dental	$23.00
Vision	$3.00

Cash in lieu of benefits may be different for some employees

2027 PA 152 Caps	
Single	$ 8,180.40
2 Person	$ 17,107.68
Family	$ 22,310.16

HSA Employer	
Single	$ 1,026.00
2 Person	$ 1,010.16
Family	$ 2,277.72

Employer HSA contribution is the difference between HSA plan's annual premium and PA 152 Caps for employees with .80 FTE or higher

*OSEA: Grandfathered employees in OSEA receive a cash benefit of $10,000 for YAS paras or $12,400 for OAC paras, unless plan cost equals more than the cash benefit amount.