AFSCME 2027 MONTHLY RATES

12-MONTH	Plan	
	PPO	**QHDHP**
Individual	139.00	41.00
Family	422.00	146.00
Employee/Partner	404.00	140.00
Parent/Child(ren)	369.00	128.00

10-MONTH	Plan	
	PPO	**QHDHP**
Individual	166.80	49.20
Family	506.40	175.20
Employee/Partner	484.80	168.00
Parent/Child(ren)	442.80	153.60

Note: spouses and domestic partners employed by another school district, intermediate unit, or vocational technical school; the Mount Nittany Medical Center/Physicians' Group and other, similar medical facilities/groups; an institution of higher education; a federal/state/local government and/or its respective agencies; or Wegmans who are eligible for health insurance coverage through their employer will be eligible for coverage under the District's health insurance only if the employee pays the full premium cost differential for such spouse/domestic partner.