2027 Monthly Rates

SCAEA	Plan	
	PPO	**QHDHP**
Individual	182.57	70.66
Family	547.69	223.79
Employee/Partner	500.58	194.34
Parent/Child(ren)	412.23	135.45

Note: Spouses and domestic partners who are eligible for health insurance coverage through their employer, be it 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, 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.

Dependents who are eligible for health insurance coverage through their employer, be it 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, will be eligible for coverage under the District's health insurance only if the employee pays an additional $100 per month for such dependent.