CERTIFIED and SUPPORT STAFF

Medical, Dental, Vision Premiums for Plan Year 2027

Anthem Medical Plans	2027 Total monthly premium	2027 Monthly Board contribution	202 EMPLOYEE Portion monthly premium	202 EMPLOYEE Portion per pay premium
PPO3 - 3 Tier HRH				
Single (*deduc - $1,000/$1,500)	$ 1,067.00	$ 740.00	$ 327.00	**$ 163.50**
Family (*deduc - $2,500/$3,000)	$ 2,617.00	$ 1,790.00	$ 827.00	**$ 413.50**
HDHP / PPO4				
Single (*deduc - $3,500)	$ 952.00	$ 740.00	$ 212.00	**$ 106.00**
Family (*deduc - $7,000)	$ 2,325.00	$ 1,790.00	$ 535.00	**$ 267.50**
HDHP / PPO5				
Single (*deduc - $6,000)	$ 873.00	$ 740.00	$ 133.00	**$ 66.50**
Family (*deduc - $12,000)	$ 2,136.00	$ 1,790.00	$ 346.00	**$ 173.00**

A two-employee family will receive an additional $10.00 / month in Board contribution which reduces the employee premium.

*Deductible amounts listed are Network deductibles; reference the summary plan for Non-Network deductibles.

Delta Dental	2027 Total monthly premium	2027 Monthly Board contribution	2027 EMPLOYEE Portion monthly premium	2027 EMPLOYEE Portion per pay premium
Single	$ 38.32	$ 17.70	$ 20.62	**$ 10.31**
Family	$ 117.34	$ 22.72	$ 94.62	**$ 47.31**

Vision Services Plan	2027 Total monthly premium	2027 Monthly Board contribution	2027 EMPLOYEE Portion monthly premium	2027 EMPLOYEE Portion per pay premium
Single	$ 13.18	$ 13.10	$ 0.08	**$ 0.04**
Family	$ 28.36	$ 15.50	$ 12.86	**$ 6.43**

NOTES:

1.) New coverage is effective 1-1-27 with payroll deductions beginning December 2026

2.) Premiums are deducted from payroll two(2) pays per month

4.) Part time employees receive a pro-rated amount of the Board contribution toward insurance.

10/1/2026