

2027 Insurance Payroll Deductions - Effective January 1, 2027

	Plan 1: PPO (in-network)
	All Services & Medications at Community Health Care Center: No Cost
Cost per deduction (24 deductions) - payroll deductions beginning 12.15.26	Employee: \$\$\$ Employee/Spouse: \$\$\$ Employee/Child(ren): \$\$\$ Family: \$\$\$
Plan Year Deductible January-December	Individual \$2,200 Family \$4,400
Plan Year Out-of-Pocket Maximum	Individual \$5,000 Family \$10,000
Co-insurance	30%
Physician Office Visit	\$30 co-pay
Specialist Office Visit	\$60 co-pay
Preventive Care	Covered in full
Mental Health Office Visit	\$30 co-pay
Emergency Room	\$300 co-pay
Urgent Care Facility	\$100 co-pay
30 day supply	Prescription Drugs
	Tier 1/Generic: \$25 co-pay Tier 2/Formulary: \$50 co-pay Tier 3/Non-Formulary: \$75.00 co-pay Tier 4/ Specialty: 25% to max \$250
31-90 day supply	Tier 1/Generic: \$25 co-pay Tier 2/Formulary: \$70 co-pay Tier 3/Non-Formulary: \$120 co-pay Tier 4/Specialty: Not covered

	Plan 2: High Deductible HSA (in-network)
	All Services & Medications at Community Health Care Center: No Cost
	Employee: \$\$\$ Employee/Spouse: \$\$\$ Employee/Child(ren): \$\$\$ Family: \$\$\$
	Individual \$4,000 Family \$7,500
	Individual \$7,000 Family \$14,000
	30%
	Subject to deductible and co-insurance
	Subject to deductible and co-insurance
	Covered in full
	Subject to deductible and co-insurance
	Subject to deductible then 30% co-insurance
	Subject to deductible and co-insurance
	Prescription Drugs
	Tier 1/Generic: Subject to deductible then participant pays 30% Tier 2/Formulary: Subject to deductible then participant pays 30% Tier 3/Non-Formulary: Subject to deductible then participant pays 30% Tier 4/Specialty: Subject to deductible then participant pays 30%
	Tier 1/Generic: Subject to deductible then participant pays 30% Tier 2/Formulary: Subject to deductible then participant pays 30% Tier 3/Non-Formulary: Subject to deductible then participant pays 30% Tier 4/Specialty: Subject to deductible then participant pays 30%

	Plan 3: High Deductible HSA (in-network)
	All Services & Medications at Community Health Care Center: No Cost
	Employee: \$ Employee/Spouse: \$ Employee/Child(ren): \$ Family: \$
	Individual \$6,000 Family \$12,000
	Individual \$8,700 Family \$17,400
	40%
	Subject to deductible and co-insurance
	Subject to deductible and co-insurance
	Covered in full
	Subject to deductible and co-insurance
	Subject to deductible then 40% co-insurance
	Subject to deductible and co-insurance
	Prescription Drugs
	Tier 1/Generic: Subject to deductible then participant pays 40% Tier 2/Formulary: Subject to deductible then participant pays 40% Tier 3/Non-Formulary: Subject to deductible then participant pays 40% Tier 4/Specialty: Subject to deductible then participant pays 40%
	Tier 1/Generic: Subject to deductible then participant pays 40% Tier 2/Formulary: Subject to deductible then participant pays 40% Tier 3/Non-Formulary: Subject to deductible then participant pays 40% Tier 4/Specialty: Subject to deductible then participant pays 40%

2027 Medical (January 1, 2027 - December 31, 2027)														
Plan 1	Total Premium	District Annual	Employee Annual	24 Deductions	Plan 2	Total Premium	District Annual	Employee Annual	24 Deductions	Plan 3	Total Premium	District Annual	Employee Annual*	24 Deductions
Employee Only	\$12,777.12	\$8,197.08	\$4,580.04	\$190.84	Employee Only	\$9,389.28	\$8,000.52	\$1,388.76	\$57.87	Employee Only	\$7,655.16	\$6,386.04	\$1,269.12	\$52.88
Employee Spouse	\$25,554.36	\$16,094.16	\$9,460.20	\$394.18	Employee Spouse	\$18,778.68	\$15,450.96	\$3,327.72	\$138.66	Employee Spouse	\$15,310.20	\$12,722.16	\$2,588.04	\$107.84
Employee Child	\$21,721.08	\$13,605.00	\$8,116.08	\$338.17	Employee Child	\$15,961.92	\$13,065.72	\$2,896.20	\$120.68	Employee Child	\$13,013.76	\$10,846.32	\$2,167.44	\$90.31
Family	\$40,886.88	\$26,250.72	\$14,636.16	\$609.84	Family	\$30,045.96	\$25,841.52	\$4,204.44	\$175.19	Family	\$24,496.80	\$20,375.52	\$4,121.28	\$171.72

Part Time Employees: District contributions are half of the amount provided for the sample plan (1,2, or 3) and the same Employee Group (Employee Only, Employee Spouse, Employee Child, or Family).

HSA Contribution	
Employee Only	\$2,500.00
Employee Spouse	\$4,000.00
Employee Child	\$4,000.00
Family	\$5,000.00

2027 District HSA contribution

HSA Contribution	
Employee Only	\$2,500.00
Employee Spouse	\$4,000.00
Employee Child	\$4,000.00
Family	\$5,000.00

2027 District HSA contribution

Part Time Employees: District HSA contributions are half of the amount provided for the sample Employee Group.

Dental Rates - Same as 2026

2026 Rates	Total Premium	District Contribution	Employee per deduction (24)
Employee Only	\$441.00	\$440.75	\$0.25*
Family	\$1,292.88	\$1,034.30	\$10.77

*one-time

Vision Rates - Same as 2026

2026 Rates	Total Premium	District Contribution	Employee per deduction (24)
Employee Only	\$243.84	\$243.59	\$0.25*
Family	\$625.20	\$500.16	\$5.21

*one-time

