

2027 Insurance Payroll Deductions - Effective January 1, 2027

	Plan 4: PPO (Community)
	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 \$2,000 Family \$4,000
Plan Year Out-of-Pocket Maximum	Individual \$5,000 Family \$10,000
Co-insurance	20%
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	\$250 co-pay
Urgent Care Facility	\$75 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 5: High Deductible HSA (Community)
	All Services & Medications at Community Health Care Center: No Cost
	Employee: \$\$\$ Employee/Spouse: \$\$\$ Employee/Child(ren): \$\$\$ Family: \$\$\$
	Individual \$3,500 Family \$7,000
	Individual \$6,000 Family \$12,000
	20%
	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 20% co-insurance
	Subject to deductible and co-insurance
	Prescription Drugs
	Tier 1/Generic: Subject to deductible then participant pays 20% Tier 2/Formulary: Subject to deductible then participant pays 20% Tier 3/Non-Formulary: Subject to deductible then participant pays 20% Tier 4/Specialty: Subject to deductible then participant pays 20%
	Tier 1/Generic: Subject to deductible then participant pays 20% Tier 2/Formulary: Subject to deductible then participant pays 20% Tier 3/Non-Formulary: Subject to deductible then participant pays 20% Tier 4/Specialty: Subject to deductible then participant pays 20%

	Plan 6: High Deductible HSA (Community)
	All Services & Medications at Community Health Care Center: No Cost
	Employee: \$ Employee/Spouse: \$ Employee/Child(ren): \$ Family: \$
	Individual \$5,500 Family \$11,000
	Individual \$8,000 Family \$16,000
	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%

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	\$11,720.76	\$7,837.20	\$3,883.56	\$161.82	Employee Only	\$8,863.68	\$7,986.60	\$877.08	\$36.55	Employee Only	\$6,889.68	\$6,205.44	\$684.24	\$28.51
Employee Spouse	\$23,441.64	\$15,374.40	\$8,067.24	\$336.14	Employee Spouse	\$16,900.80	\$14,596.68	\$2,304.12	\$96.01	Employee Spouse	\$13,779.24	\$12,360.84	\$1,418.40	\$59.10
Employee Child	\$19,925.40	\$12,993.24	\$6,932.16	\$288.84	Employee Child	\$14,365.68	\$12,339.60	\$2,026.08	\$84.42	Employee Child	\$11,712.36	\$10,539.12	\$1,173.24	\$48.89
Family	\$37,506.60	\$25,099.08	\$12,407.52	\$516.98	Family	\$27,041.28	\$24,474.60	\$2,566.68	\$106.95	Family	\$22,047.12	\$19,797.36	\$2,249.76	\$93.74

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		2027 District HSA contribution
Employee Only	\$2,500.00	
Employee Spouse	\$4,000.00	
Employee Child	\$4,000.00	
Family	\$5,000.00	

HSA Contribution		2027 District HSA contribution
Employee Only	\$2,500.00	
Employee Spouse	\$4,000.00	
Employee Child	\$4,000.00	
Family	\$5,000.00	

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

