PRINCETON CITY SCHOOLS
EMPOWERING EACH STUDENT FOR COLLEGE, CAREER, AND LIFE SUCCESS

2027 MEDICAL, DENTAL & VISION RATES

PACE • PSSA • Administrative • Non-Bargaining Staff

Effective January 2027 | Premiums deducted from December 2026 paychecks

Plan / Coverage	Employee	Employer	Total
HSA / QHDP			
Single	$143.40	$728.82	**$872.22**
Family	$401.55	$2,040.68	**$2,442.23**
PPO / Co-Pay			
Single	$157.08	$691.78	**$848.86**
Family	$439.89	$1,937.01	**$2,376.90**
ACA / QHDP			
Single	$122.45	$571.40	**$693.85**
Family	$342.92	$1,599.93	**$1,942.85**
Dental Rates (Monthly)			
Single	$5.56	$31.42	**$36.98**
Family	$15.76	$89.48	**$105.24**

EyeMed Vision Rates (Monthly)	Employee
Employee Only	$6.57
Employee + Spouse	$12.49
Employee + Children	$13.15
Employee + Family	$19.33

PAYROLL NOTE

Premiums are divided equally between the 5th and 20th paychecks each month.