2027 Custodian Insurance Premiums

Option 1 - BCBSM Medical PPO $2000/4000 **100%** & Dental/Vision/Life

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Dec 2027	Employee Per Pay Insurance Premiums 26 pays	Max out of pocket: $3000/$6000
6.5 - 8	Single	$ 844.54	$ 500.00	$ 344.54	$ 4,134.48	**$ 159.02**	
6.5 - 8	Two Person	$ 1,860.61	$ 500.00	$ 1,360.61	$ 16,327.32	**$ 627.97**	
6.5 - 8	Family	$ 2,339.16	$ 500.00	$ 1,839.16	$ 22,069.92	**$ 848.84**	

Option 2 - BCBSM Medical PPO $1750/3500 **80%** & Dental/Vision/Life

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Dec 2027	Employee Per Pay Insurance Premiums 26 pays	Max out of pocket: $3650/$7300
6.5 - 8	Single	$ 804.32	$ 500.00	$ 304.32	$ 3,651.84	**$ 140.46**	
6.5 - 8	Two Person	$ 1,770.11	$ 500.00	$ 1,270.11	$ 15,241.32	**$ 586.20**	
6.5 - 8	Family	$ 2,226.54	$ 500.00	$ 1,726.54	$ 20,718.48	**$ 796.86**	

Option 3 - BCBSM Medical PPO $2500/5000 **100%** & Dental/Vision/Life

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Dec 2027	Employee Per Pay Insurance Premiums 26 pays	Max out of pocket: $3000/$6000
6.5 - 8	Single	$ 808.22	$ 500.00	$ 308.22	$ 3,698.64	**$ 142.26**	
6.5 - 8	Two Person	$ 1,778.88	$ 500.00	$ 1,278.88	$ 15,346.56	**$ 590.25**	
6.5 - 8	Family	$ 2,237.46	$ 500.00	$ 1,737.46	$ 20,849.52	**$ 801.90**	

Option 4 - **Priority Health** Medical **POS** $2500/$5000 **100%** & Dental/Vision/Life

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Dec 2027	Employee Per Pay Insurance Premiums 26 pays	Max out of pocket: $4500/$9000
6.5 - 8	Single	$ 738.26	$ 500.00	$ 238.26	$ 2,859.12	**$ 109.97**	
6.5 - 8	Two Person	$ 1,621.48	$ 500.00	$ 1,121.48	$ 13,457.76	**$ 517.61**	
6.5 - 8	Family	$ 2,041.57	$ 500.00	$ 1,541.57	$ 18,498.84	**$ 711.49**	

*The Board of Education will provide a $1,300 HSA allocation to be distributed to the membership participating in the health care program. This prorated allocation will be deposited the first business day of January to the health savings account established by the member. The district's combined health insurance and HSA contribution shall not exceed the single payer cap amount set by PA 152. **The Board of Education will provide $5,000 life insurance and AD&D.

OR

Cash in Lieu of Medical Insurance	Cash in Lieu Monthly Payment
8 Hours/260 Days Per Year	$ 350.00

AND

PAK B - Dental/Vision/Life

Status	2027 Monthly Insurance Rates	Employer Monthly Contribution 90%	Monthly Insurance Premiums 10%	Employee Jan-Dec 2027 Insurance	**Employee Per Pay Insurance Premium**
Single	$ 74.38	$ 66.94	$ 7.44	$ 89.26	**$ 3.43**
Two Person	$ 127.77	$ 114.99	$ 12.78	$ 153.32	**$ 5.90**
Family	$ 182.73	$ 164.46	$ 18.27	$ 219.28	**$ 8.43**

Cash in lieu payments will be every second pay.
Payroll deductions are subject to change if there is a change in insurance rates.
Open enrollment is Nov. 9-20 with an effective date of January 1.