2027 Jan. - Aug. Early Childhood Insurance Rates

Option 1 - BCBSM $1750/$3500 80% PPO Medical/Dental/Vision/Life/LTD

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan.-Aug. 2027 8 Months	Employee Per Pay Insurance Premiums 13 Pays 1/1/27-6/18/27
6.5 - 8	Single	$776.37	$ 608.75	$167.62	$ 1,340.96	**$ 103.15**
6.5 - 8	Two Person	$1,770.11	$ 608.75	$ 1,161.36	$ 9,290.88	**$ 714.68**
6.5 - 8	Family	$2,226.54	$ 608.75	$ 1,617.79	$ 12,942.32	**$ 995.56**

Max out of pocket: $3650/$7300

Option 2 - BCBSM $2000/$4000 100% PPO Medical/Dental/Vision/Life/LTD

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan.-Aug. 2027 8 Months	Employee Per Pay Insurance Premiums 13 Pays 1/1/27-6/18/27
6.5 - 8	Single	$816.59	$ 608.75	$ 207.84	$ 1,662.72	**$ 127.90**
6.5 - 8	Two Person	$1,802.95	$ 608.75	$ 1,194.20	$ 9,553.60	**$ 734.89**
6.5 - 8	Family	$2,260.00	$ 608.75	$ 1,651.25	$ 13,210.00	**$ 1,016.15**

Max out of pocket: $3000/$6000

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

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan.-Aug. 2027 8 Months	Employee Per Pay Insurance Premiums 13 Pays 1/1/27-6/18/27
6.5 - 8	Single	$780.27	$ 608.75	$ 171.52	$ 1,372.16	**$ 105.55**
6.5 - 8	Two Person	$1,721.22	$ 608.75	$ 1,112.47	$ 8,899.76	**$ 684.60**
6.5 - 8	Family	$2,158.30	$ 608.75	$ 1,549.55	$ 12,396.40	**$ 953.57**

Max out of pocket: $3000/$6000

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

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan.-Aug. 2027 8 Months	Employee Per Pay Insurance Premiums 13 Pays 1/1/27-6/18/27
6.5 - 8	Single	$710.31	$ 608.75	$ 101.56	$ 812.48	**$ 62.50**
6.5 - 8	Two Person	$1,563.82	$ 608.75	$ 955.07	$ 7,640.56	**$ 587.74**
6.5 - 8	Family	$1,962.41	$ 608.75	$ 1,353.66	$ 10,829.28	**$ 833.02**

Max out of pocket: $4500/$9000

PAK B - Dental/Vision/Life/LTD- No employee contribution

Hours	Status	2027 Monthly Insurance Rates
6.5 - 8	Single	$ 46.43
6.5 - 8	Two Person	$ 70.11
6.5 - 8	Family	$ 103.57

CASH IN LIEU OF MEDICAL INSURANCE

Hours	Monthly Cash in Lieu Sept-May	Cash in Lieu Lump Sum Payment **6/18/27** To Cover June-Aug
6.5 - 8	$ 375.00	$ 1,125.00

Cash in lieu payments will be every second pay September through June.

Open enrollment is November 9-20 with an effective date of January 1