2027 Jan. - Aug. Secretary Insurance Rates

Option 1 - Blue Care Network Medical POS $2000/4000 **100%** - $4/$15/$40/$80/$120 & MESSA Dental/Vision/Life/LTD

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Aug 2027	Employee Per Pay Insurance Premiums 10 Pays 1/15-6/4/27
6.5 - 8	Single	$ 673.04	$ 583.34	$ 89.70	$ 717.60	**$ 71.76**
6.5 - 8	Two Person	$ 1,565.68	$ 916.67	$ 649.01	$ 5,192.08	**$ 519.21**
6.5 - 8	Family	$ 1,978.56	$ 1,167.00	$ 811.56	$ 6,492.48	**$ 649.25**

Option 2 - Blue Care Network Medical POS $1750/$3500 **100%**- $4/$15/$40/$80/$120 & MESSA Dental/Vision/Life/LTD

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Aug 2027	Employee Per Pay Insurance Premiums 10 Pays 1/15-6/4/27
6.5 - 8	Single	$ 692.73	$ 583.34	$ 109.39	$ 875.12	**$ 87.51**
6.5 - 8	Two Person	$ 1,612.94	$ 916.67	$ 696.27	$ 5,570.16	**$ 557.02**
6.5 - 8	Family	$ 2,037.63	$ 1,167.00	$ 870.63	$ 6,965.04	**$ 696.50**

Option 3 - Blue Care Network Medical POS $2000/$4000 **80%** - $4/$15/$40/$80/20% RX & MESSA Dental/Vision/Life/LTD

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Aug 2027	Employee Per Pay Insurance Premiums 10 Pays 1/15-6/4/27
6.5 - 8	Single	$ 611.42	$ 583.34	$ 28.08	$ 224.64	**$ 22.46**
6.5 - 8	Two Person	$ 1,418.29	$ 916.67	$ 501.62	$ 4,012.96	**$ 401.30**
6.5 - 8	Family	$ 1,794.32	$ 1,167.00	$ 627.32	$ 5,018.56	**$ 501.86**

OR

PAK B - Dental/Vision/Life/LTD & Cash in lieu

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Aug 2027	Employee Per Pay Insurance Premiums 10 Pays 1/15-6/4/27
6.5 - 8	Single	$ 53.83	$ 48.45	$ 5.38	$ 43.04	**$ 4.30**
6.5 - 8	Two Person	$ 79.59	$ 71.63	$ 7.96	$ 63.68	**$ 6.37**
6.5 - 8	Family	$ 120.94	$ 108.85	$ 12.09	$ 96.72	**$ 9.67**

OR

CASH IN LIEU OF MEDICAL INSURANCE

Hours	Monthly Cash in Lieu Sept-May	Cash in Lieu Lump Sum Payment 06/18/27 To Cover June-Aug
6.5-8	$ 430.00	$ 1,290.00

Cash in lieu payments will be every second pay September through June.
Open enrollment is November 9-20 with an effective date of Jan 1.

Grandfathered Secretary

Hours	Status	2027 Monthly Insurance Rates	Employer Monthly Contribution	Employee Monthly Insurance Premiums	Jan-Aug 2027	Employee Per Pay Insurance Premiums 10 Pays 1/16-6/5/27
6.5 - 8	Family	$ 2,037.63	$ 1,681.70	$ 355.93	$ 2,847.44	**$ 284.74**