**Health and Dental Insurance Premiums**
**January 1 to December 31, 2027**

| Medical Plans | | | | | |
|---|---|---|---|---|---|
| | **Total Premium** | **District Share** | **Employee Share** | **District Increase** | **Employee Increase** |
| **HDHP/HSA** | | | | | |
| Employee Only | $734 | $618 | $116 | $0 | $0 |
| Employee/Spouse | $954 | $618 | $336 | $0 | $0 |
| Employee/Children | $887 | $618 | $269 | $0 | $0 |
| Employee/Family | $1,106 | $618 | $488 | $0 | $0 |
| Tobacco Surcharge | | | $30 | | |
| **Blue Essentials HMO** | | | | | |
| Employee Only | $754 | $618 | $136 | $0 | $0 |
| Employee/Spouse | $1,004 | $618 | $386 | $0 | $0 |
| Employee/Children | $925 | $618 | $307 | $0 | $0 |
| Employee/Family | $1,175 | $618 | $557 | $0 | $0 |
| Tobacco Surcharge | | | $30 | | |
| **Blue Choice High Option PPO** | | | | | |
| Employee Only | $962 | $618 | $344 | $0 | $0 |
| Employee/Spouse | $1,305 | $618 | $687 | $0 | $0 |
| Employee/Children | $1,188 | $618 | $570 | $0 | $0 |
| Employee/Family | $1,528 | $618 | $910 | $0 | $0 |
| Tobacco Surcharge | | | $30 | | |

| Dental Plans | | |
|---|---|---|
| | **Employee Share** | **Employee Decrease** |
| **Delta Dental PPO Low** | | |
| Employee Only | $12 | $4 |
| Employee/Spouse | $25 | $4 |
| Employee/Children | $33 | $4 |
| Employee/Family | $51 | $4 |
| **Delta Dental PPO High** | | |
| Employee Only | $26 | $4 |
| Employee/Spouse | $51 | $4 |
| Employee/Children | $66 | $4 |
| Employee/Family | $89 | $4 |