2027 INSURANCE PREMIUM RATE SCHEDULE

Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2027 through December 31, 2027

Option 1 HEALTH INSURANCE: BCBS of MN - $1500/$3000 CMM Plan

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
SINGLE	**Employee Share:**	**$285.06**	**$599.30**
	Board Contribution:	$785.61	$471.37
	Total Premium:	$1,070.67	$1,070.67
Single Cost Per Check with Year Round Deductions		$142.53	$299.65
Single Cost Per Check with 16 Pay Periods Deductions		$213.80	$449.48
FAMILY	**Employee Share:**	**$868.16**	**$1,823.77**
	Board Contribution:	$2,389.02	$1,433.41
	Total Premium:	$3,257.18	$3,257.18
Family Cost Per Check with Year Round Deductions		$434.08	$911.88
Family Cost Per Check with 16 Pay Periods Deductions		$651.12	$1,367.83

Option 2 **HEALTH INSURANCE: BCBS of MN - Health Reimbursement Account**

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
	Total Premium:	$1,062.62	$1,062.62
	Board Contribution:	$785.61	$471.37
	HRA Funding	$83.33	$83.33
***	Net District Contribution	$702.28	$388.04
SINGLE	**Employee Share:**	**$360.34**	**$674.58**
Single Cost Per Check with Year Round Deductions		$180.17	$337.29
Single Cost Per Check with 16 Pay Periods Deductions		$270.26	$505.94
	Total Premium:	$3,230.73	$3,230.73
	Board Contribution:	$2,389.02	$1,433.41
	HRA Funding	$166.67	$166.67
****	Net District Contribution	$2,222.35	$1,266.74
FAMILY	**Employee Share:**	**$1,008.38**	**$1,963.99**
Family Cost Per Check with Year Round Deductions		$504.19	$981.99
Family Cost Per Check with 16 Pay Periods Deductions		$756.29	$1,472.99

District Funds 50% of the HRA Deductible ($1,000/single or $2,000/family)

***Single= $1,000/12 = $83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $785.61. The $83.33 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium $785.61 - $83.33 = $702.28 to be paid by the District towards the monthly premium.

****Family = $2,000/12 = $166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $2,389.02. The $166.67 that is contributed towards the HRA is subtracted from the regular monthly contribution paid by the District towards premium. $2,389.02 - $166.67 = $2,222.35 to be paid by the District towards the monthly premium.

*Insurance premiums for employees primarily working on student contact days are divided equally over 16 pay periods during the school year. Year-round and school year only staff pay the same total amount for insurance premiums over a 12 month period. Staff on 16 pay period deductions include those in the following contracts: Educational Assistants, Community Education Staff, Nurses, Child Nutrition Staff, Other Staff, non-year round Office Employees, and COTA/Speech Language.

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DENTAL INSURANCE: Delta Dental - Rates Effective January 1, 2027 through December 31, 2027

COST PER MONTH:

		A: 6-8 hrs/dy 30-40 hrs/wk	**B: 4-<6 hrs/dy 20-<30 hrs/wk**
SINGLE	**Employee Share:**	**$13.77**	**$25.05**
	Board Contribution:	$28.20	$16.92
	Total Premium:	$41.97	$41.97
Single Cost Per Check with Year Round Deductions		$6.89	$12.53
Single Cost Per Check with 16 Pay Perids Deductions		$10.33	$18.79
FAMILY	**Employee Share:**	**$59.37**	**$85.11**
	Board Contribution:	$64.34	$38.60
	Total Premium:	$123.71	$123.71
Family Cost Per Check with Year Round Deductions		$29.69	$42.55
Family Cost Per Check with 16 Pay Perids Deductions		$44.53	$63.83

VISION COVERAGE

Employee Only	**$7.54/month**
Employee + 1	**$12.06/month**
Employee + Children	**$12.31/month**
Family	**$19.84/month**

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2026 INSURANCE PREMIUM RATE SCHEDULE

Community Education Staff

HEALTH INSURANCE RATES EFFECTIVE January 1, 2026 through December 31, 2026

Option 1 HEALTH INSURANCE: BCBS of MN - $1500/$3000 CMM Plan

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-<6 hrs/dy 20-<30 hrs/wk
SINGLE	**Employee Share:**	**$241.77**	**$527.45**
	Board Contribution:	$714.19	$428.51
	Total Premium:	$955.96	$955.96
Single Cost Per Check with Year Round Deductions		$120.89	$263.73
Single Cost Per Check with 16 Pay Periods Deductions		$181.33	$395.59
FAMILY	**Employee Share:**	**$736.36**	**$1,605.10**
	Board Contribution:	$2,171.84	$1,303.10
	Total Premium:	$2,908.20	$2,908.20
Family Cost Per Check with Year Round Deductions		$368.18	$802.55
Family Cost Per Check with 16 Pay Periods Deductions		$552.27	$1,203.83

Option 2 **HEALTH INSURANCE: BCBS of MN - Health Reimbursement Account**

COST PER MONTH:		A: 6-8 hrs/dy 30-40 hrs/wk	B: 4-< 6 hrs/dy 20 - <30 hrs/wk
	Total Premium:	$948.77	$948.77
	Board Contribution:	$714.19	$428.51
	HRA Funding	$83.33	$83.33
***	Net District Contribution	$630.86	$345.18
SINGLE	**Employee Share:**	**$317.91**	**$603.59**
Single Cost Per Check with Year Round Deductions		$158.96	$301.80
Single Cost Per Check with 16 Pay Periods Deductions		$238.43	$452.69
	Total Premium:	$2,884.58	$2,884.58
	Board Contribution:	$2,171.84	$1,303.10
	HRA Funding	$166.67	$166.67
****	Net District Contribution	$2,005.17	$1,136.43
FAMILY	**Employee Share:**	**$879.41**	**$1,748.15**
Family Cost Per Check with Year Round Deductions		**$439.71**	**$874.08**
Family Cost Per Check with 16 Pay Periods Deductions		**$659.56**	**$1,311.11**

District Funds 50% of the HRA Deductible ($1,000/single or $2,000/family)

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COST PER MONTH:

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SINGLE	**Employee Share:**	**$13.77**	**$25.05**
	Board Contribution:	$28.20	$16.92
	Total Premium:	$41.97	$41.97
Single Cost Per Check with Year Round Deductions		$6.89	$12.53
Single Cost Per Check with 16 Pay Perids Deductions		$10.33	$18.79
FAMILY	**Employee Share:**	**$59.37**	**$85.11**
	Board Contribution:	$64.34	$38.60
	Total Premium:	$123.71	$123.71
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