2027 INSURANCE PREMIUM SCHEDULE

Teachers

HEALTH INSURANCE - Blue Cross Blue Shield of MN

Effective January 1, 2027 through December 31, 2027

Option 1 $1,500/$3,000 CMM Plan

		1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
	Full Premium:	$1,070.67	$1,070.67	$1,070.67	$1,070.67	$1,070.67	$1,070.67
	Board Contribution:	$785.61	$549.93	$491.01	$471.37	$432.09	$392.81
SINGLE:	**Employee Cost per Mont**	**$285.06**	**$520.74**	**$579.66**	**$599.30**	**$638.58**	**$677.87**
	Full Premium:	$3,257.18	$3,257.18	$3,257.18	$3,257.18	$3,257.18	$3,257.18
	Board Contribution:	$2,389.02	$1,672.31	$1,493.14	$1,433.41	$1,313.96	$1,194.51
FAMILY:	**Employee Cost per Mont**	**$868.16**	**$1,584.87**	**$1,764.04**	**$1,823.77**	**$1,943.22**	**$2,062.67**

Option 2 Health Reimbursement Account (HRA) - HRA account is funded each January and each July

		1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
	Full Premium:	$1,062.62	$1,062.62	$1,062.62	$1,062.62	$1,062.62	$1,062.62
	Board Contribution:	$785.61	$549.93	$491.01	$471.37	$432.09	$392.81
	HRA Funding	$83.33	$83.33	$83.33	$83.33	$83.33	$83.33
***	Net District Contribution:	$702.28	$466.60	$407.68	$388.04	$348.76	$309.48
SINGLE:	**Employee Cost per Mont**	**$360.34**	**$596.02**	**$654.94**	**$674.58**	**$713.86**	**$753.15**
	Full Premium:	$3,230.73	$3,230.73	$3,230.73	$3,230.73	$3,230.73	$3,230.73
	Board Contribution:	$2,389.02	$1,672.31	$1,493.14	$1,433.41	$1,313.96	$1,194.51
	HRA Funding	$166.67	$166.67	$166.67	$166.67	$166.67	$166.67
****	Net District Contribution	$2,222.35	$1,505.64	$1,326.47	$1,266.74	$1,147.29	$1,027.84
FAMILY:	**Employee Cost per Mont**	**$1,008.38**	**$1,725.09**	**$1,904.26**	**$1,963.99**	**$2,083.44**	**$2,202.89**

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

***Single= $1,000.00/12 = $83.33/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $785.61. The $83.33/mo. 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 = $2,000.00/12 = $166.67/month contribution towards HRA. Regular monthly contribution by the District toward monthly premium is $2,389.02. The $166.67/mo. 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.

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

		1.0 FTE	.7 FTE	.625 FTE	.6 FTE	.55 FTE	.5 FTE
	Full Premium:	$41.97	$41.97	$41.97	$41.97	$41.97	$41.97
	Board Contribution:	$28.20	$19.74	$17.63	$16.92	$15.51	$14.10
SINGLE:	**Employee Cost per Mont**	**$13.77**	**$22.23**	**$24.35**	**$25.05**	**$26.46**	**$27.87**
	Full Premium:	$123.71	$123.71	$123.71	$123.71	$123.71	$123.71
	Board Contribution:	$64.34	$45.04	$40.21	$38.60	$35.39	$32.17
FAMILY:	**Employee Cost per Mont**	**$59.37**	**$78.67**	**$83.50**	**$85.11**	**$88.32**	**$91.54**

Note: The NEA Agreement prorates benefits payable to those employees who work .5 FTE to less than .75FTE, commensurate with the amount of time the teacher works. Teachers working part-time 1st Semester 93-94, who were enrolled in health/dental benefits, shall continue to receive their benefits paid as per a full time teacher. Also, teachers who were employed full time 1st Semester 93-94, and enrolled in health/dental insurance, and whose contracts are subsequently involuntarily reduced, shall continue to receive their benefits paid as per a full time teacher.

VISION COVERAGE

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