EDSD
COURAGEOUS LOVE

2027 Health Plan Rates - Employer Costs

Medical Plans	Monthly Premium	ER - Premium	EE - Premium	HSA - ER (Semi-Annual)	Total ER Cost (Annual)
CDHP 15 Employee Only	1,202.00	1,141.90	60.10	825.00	15,352.80
CDHP 15 EE Plus One	2,164.00	1,607.34	556.66	825.00	20,938.02
CDHP 15 Family	3,366.00	2,154.83	1,211.17	825.00	27,507.96
CDHP 20 Employee Only	1,038.00	1,038.00	-	1,448.40	15,352.80
CDHP 20 EE Plus One	1,868.00	1,607.34	260.66	825.00	20,938.02
CDHP 20 Family	2,906.00	2,154.83	751.17	825.00	27,507.96
Anthem PPO 80 Employee Only	1,299.00	1,279.40	19.60	na	15,352.80
Anthem PPO 80 EE Plus One	2,338.00	1,744.84	593.16	na	20,938.02
Anthem PPO 80 Family	3,637.00	2,292.33	1,344.67	na	27,507.96
Anthem PPO 80 MSP Emp Only	1,038.00	1,038.00	-	na	12,456.00
Anthem PPO 80 MSP EE Plus One	1,868.00	1,744.84	123.16	na	20,938.02
Anthem PPO 80 MSP Family	2,906.00	2,292.33	613.67	na	27,507.96
Kaiser EPO 80 Employee Only	1,276.00	1,276.00	-	na	15,312.00
Kaiser EPO 80 EE Plus One	2,297.00	1,744.84	552.16	na	20,938.02
Kaiser EPO 80 EE Family	3,573.00	2,292.33	1,280.67	na	27,507.96

Dental	Monthly Premium	ER - Premium	EE - Premium	HSA - ER (Semi-Annual)	Total ER Cost (Annual)
Comprehensive Emp Only	68.00	68.00	-	na	816.00
Comprehensive Emp Only	122.00	68.00	54.00	na	816.00
Comprehensive Emp Only	190.00	68.00	122.00	na	816.00
Basic Emp Only	53.00	53.00	-	na	636.00
Basic EE Plus One	95.00	68.00	27.00	na	816.00
Basic Family	148.00	68.00	80.00	na	816.00
Premium Emp Only	92.00	68.00	24.00	na	816.00
Premium Plus One	166.00	68.00	98.00	na	816.00
Premium Family	258.00	68.00	190.00	na	816.00

EAP	Monthly Premium	ER - Premium	EE - Premium	HSA - ER (Semi-Annual)	Total ER Cost (Annual)
EAP - Standalone	4.00	4.00	-	na	48.00