NORTH EAST INDEPENDENT SCHOOL DISTRICT

2027 Premium Deductions for Health, Dental & Vision

DEDUCTION RATES EFFECTIVE

January 1, 2027

BENEFIT PLANS	ALL DEDUCTIONS		
BlueEdge High Deductible /HSA	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$116.00	$69.60	$53.54
Employee/Children	$269.00	$161.40	$124.15
Employee/Spouse	$336.00	$201.60	$155.08
Employee/Family	$488.00	$292.80	$225.23
Blue Essentials HMO	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$136.00	$81.60	$62.77
Employee/Children	$307.00	$184.20	$141.69
Employee/Spouse	$386.00	$231.60	$178.15
Employee/Family	$557.00	$334.20	$257.08
Blue Choice High Option PPO	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$344.00	$206.40	$158.77
Employee/Children	$570.00	$342.00	$263.08
Employee/Spouse	$687.00	$412.20	$317.08
Employee/Family	$910.00	$546.00	$420.00
All Medical Plans	**12 Pay**	**20 Pay***	**26 Pay**
Tobacco Surcharge	$30.00	$18.00	13.85
Dental Insurance High Option	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$26.00	$15.60	$12.00
Employee/Children	$66.00	$39.60	$30.46
Employee/Spouse	$51.00	$30.60	$23.54
Employee/Family	$89.00	$53.40	$41.08
Dental Insurance Low Option	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$12.00	$7.20	$5.54
Employee/Children	$33.00	$19.80	$15.23
Employee/Spouse	$25.00	$15.00	$11.54
Employee/Family	$51.00	$30.60	$23.54
Vision Insurance	**12 Pay**	**20 Pay***	**26 Pay**
Employee Only	$6.70	$4.02	$3.09
Employee/Children	$14.66	$8.80	$6.77
Employee/Spouse	$11.72	$7.03	$5.41
Employee/Family	$17.40	$10.44	$8.03

* Premium may differ due to rounding. 20 Pay - Biweekly employees who work less than 230 days per year (i.e. bus drivers, bus assistants, food service workers, and KIN) and Para-professionals who are pay-to-the-punch (PA10).