



NORTH EAST

INDEPENDENT SCHOOL DISTRICT

2027 Premium Deductions for Health, Dental & Vision

DEDUCTION RATES EFFECTIVE
January 1, 2027

BENEFIT PLANS		ALL DEDUCTIONS	
		Pay to the Punch	Prorated
BlueEdge High Deductible /HSA		20 Pay*	26 Pay
Employee Only		\$69.60	\$53.54
Employee/Children		\$161.40	\$124.15
Employee/Spouse		\$201.60	\$155.08
Employee/Family		\$292.80	\$225.23
Blue Essentials HMO		20 Pay*	26 Pay
Employee Only		\$81.60	\$62.77
Employee/Children		\$184.20	\$141.69
Employee/Spouse		\$231.60	\$178.15
Employee/Family		\$334.20	\$257.08
Blue Choice High Option PPO		20 Pay*	26 Pay
Employee Only		\$206.40	\$158.77
Employee/Children		\$342.00	\$263.08
Employee/Spouse		\$412.20	\$317.08
Employee/Family		\$546.00	\$420.00
All Medical Plans		20 Pay*	26 Pay
Tobacco Surcharge		\$18.00	\$13.85
Dental Insurance High Option		20 Pay*	26 Pay
Employee Only		\$15.60	\$12.00
Employee/Children		\$39.60	\$30.46
Employee/Spouse		\$30.60	\$23.54
Employee/Family		\$53.40	\$41.08
Dental Insurance Low Option		20 Pay*	26 Pay
Employee Only		\$7.20	\$5.54
Employee/Children		\$19.80	\$15.23
Employee/Spouse		\$15.00	\$11.54
Employee/Family		\$30.60	\$23.54
Vision Insurance		20 Pay*	26 Pay
Employee Only		\$4.02	\$3.09
Employee/Children		\$8.80	\$6.77
Employee/Spouse		\$7.03	\$5.41
Employee/Family		\$10.44	\$8.03

*Premium may differ due to rounding. 20 Pay - Biweekly employees who work less than 230 days per year and Para-professionals who are pay-to-the-punch (PA10).