



2027 PREMIUM RATE CHART

Plan Year: January 1, 2027 - December 31, 2027

UHC HMO Plan			
School Related Personnel (SRP)			
Non-Bargaining Employees (NNB)			
Coverage Selected	Monthly Premium	24 Deductions Per Pay Rate	22 Deductions Per Pay Rate
Employee Only	\$ 18.00	\$ 9.00	\$ 9.82
Employee Plus Child	\$ 478.00	\$ 239.00	\$ 260.73
Employee Plus Children	\$ 588.00	\$ 294.00	\$ 320.73
Employee plus family	\$ 1,568.00	\$ 784.00	\$ 855.27
*If covering only a spouse you must select Employee plus family coverage			

UHC Surest Plan			
School Related Personnel (SRP)			
Non-Bargaining Employees (NNB)			
Coverage Selected	Monthly Premium	24 Deductions Per Pay Rate	22 Deductions Per Pay Rate
Employee Only	\$ 18.00	\$ 9.00	\$ 9.82
Employee Plus Child	\$ 478.00	\$ 239.00	\$ 260.73
Employee Plus Children	\$ 588.00	\$ 294.00	\$ 320.73
Employee plus family	\$ 1,568.00	\$ 784.00	\$ 855.27
*If covering only a spouse you must select Employee plus family coverage			

UHC HMO Plan			
Instructional			
ProTech and Administrators			
Coverage Selected	Monthly Premium	24 Deductions Per Pay Rate	22 Deductions Per Pay Rate
Employee Only	\$ 36.00	\$ 18.00	\$ 19.64
Employee Plus Child	\$ 478.00	\$ 239.00	\$ 260.73
Employee Plus Children	\$ 588.00	\$ 294.00	\$ 320.73
Employee plus family	\$ 1,568.00	\$ 784.00	\$ 855.27
*If covering only a spouse you must select Employee plus family coverage			

UHC Surest Plan			
Instructional			
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DELTA DENTAL RATES 22 Deducts			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Employee Only	\$ 10.64	\$ 16.06	\$ 24.04
Employee plus 1	\$ 18.61	\$ 38.98	\$ 59.96
Employee plus 2 or more	\$ 29.26	\$ 54.41	\$ 82.07

VSP VISION RATES 22 Deducts		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Employee Only	\$ 2.80	\$ 7.11
Employee plus 1	\$ 5.60	\$ 14.23
Family	\$ 9.01	\$ 22.80

THE HARTFORD RATES 22 Deducts			
Coverage Selected	Accident	Hospital Low Plan	Hospital High Plan
Employee Only	\$ 6.64	\$ 8.74	\$ 12.67
Employee plus Spouse	\$ 10.40	\$ 14.63	\$ 21.28
Employee plus children	\$ 12.87	\$ 12.49	\$ 18.02
Employee plus spouse and children	\$ 20.15	\$ 21.88	\$ 31.56

THE HARTFORD Critical Illness Rates 22 Deducts			
Coverage Selected	10,000	20,000	30,000
Employee Only	\$ 4.96	\$ 9.93	\$ 14.89
Employee Plus Family	\$ 7.42	\$ 14.84	\$ 22.25
* Spouse and children are automatically included at 50% of the employee amount			

Minnesota Supplemental Life			
Premiums deducted 22 times per year			
Age	Employee Per 10,000	Spouse Per \$5,000	*Children Only
18 - 24	\$ 0.21	\$ 0.11	\$ 0.71
25 - 29	\$ 0.21	\$ 0.11	
30 - 34	\$ 0.21	\$ 0.11	
35 - 39	\$ 0.32	\$ 0.16	
40 - 44	\$ 0.50	\$ 0.25	
45 - 49	\$ 0.82	\$ 0.41	
50 - 54	\$ 1.25	\$ 0.63	
55 - 59	\$ 1.87	\$ 0.94	
60 - 64	\$ 2.66	\$ 1.33	
65 - 69	\$ 4.42	\$ 2.21	
70 - 74	\$ 7.91	\$ 3.96	
75 & Over	\$ 11.24	\$ 5.62	

Legal and Identity Theft	
Employee plus Family	22 Deducts
Ultimate Advisor 8652	\$ 9.96
Ultimate Advisor Plus 8651	\$ 12.32