

# Annual Open Enrollment - October 1-31, 2026

## 2027 Health Insurance Premiums

|                       | BCBST<br>Network S | CIGNA<br>Local Plus | BCBST<br>Network P | CIGNA<br>Open Access |                                             |
|-----------------------|--------------------|---------------------|--------------------|----------------------|---------------------------------------------|
| <b>Premier PPO</b>    |                    |                     |                    |                      |                                             |
| Employee only         | 171.20             | 171.20              | 191.20             | 191.20               |                                             |
| Employee + Children   | 352.75             | 352.75              | 380.25             | 380.25               |                                             |
| Employee + Spouse     | 502.75             | 502.75              | 552.75             | 552.75               |                                             |
| Family                | 556.25             | 556.25              | 606.25             | 606.25               |                                             |
| <b>Standard PPO</b>   |                    |                     |                    |                      |                                             |
| Employee only         | 158.80             | 158.80              | 178.80             | 178.80               |                                             |
| Employee + Children   | 327.25             | 327.25              | 354.75             | 354.75               |                                             |
| Employee + Spouse     | 466.75             | 466.75              | 516.75             | 516.75               |                                             |
| Family                | 516.25             | 516.25              | 566.25             | 566.25               |                                             |
| <b>Limited PPO</b>    |                    |                     |                    |                      |                                             |
| Employee only         | 150.00             | 150.00              | 170.00             | 170.00               |                                             |
| Employee + Children   | 309.00             | 309.00              | 336.50             | 336.50               |                                             |
| Employee + Spouse     | 440.75             | 440.75              | 490.75             | 490.75               |                                             |
| Family                | 487.50             | 487.50              | 537.50             | 537.50               |                                             |
| <b>Local CDHP/HSA</b> |                    |                     |                    |                      | <b>H S A Contribution<br/>by the Board*</b> |
| Employee only         | 0.00               | 0.00                | 0.00               | 0.00                 | 500.00                                      |
| Employee + Children   | 216.00             | 216.00              | 238.00             | 238.00               | 1,500.00                                    |
| Employee + Spouse     | 308.00             | 308.00              | 348.00             | 348.00               | 1,500.00                                    |
| Family                | 340.60             | 340.60              | 380.60             | 380.60               | 2,000.00                                    |
| <b>COPAY PPO</b>      |                    |                     |                    |                      |                                             |
| Employee only         | 125.80             | 125.80              | -                  | -                    |                                             |
| Employee + Children   | 259.25             | 259.25              | -                  | -                    |                                             |
| Employee + Spouse     | 369.50             | 369.50              | -                  | -                    |                                             |
| Family                | 409.00             | 409.00              | -                  | -                    |                                             |

## 2027 Dental & Vision Insurance Premiums

|                        | Cigna<br>Prepaid Plan | MetLife<br>DPPO Plan |
|------------------------|-----------------------|----------------------|
| <b>Dental Premiums</b> |                       |                      |
| Employee only          | 14.69                 | 20.32                |
| Employee + Children    | 30.50                 | 67.54                |
| Employee + Spouse      | 26.03                 | 39.96                |
| Family                 | 35.79                 | 99.47                |
| <b>Vision Premiums</b> | <b>Basic Plan</b>     | <b>Expanded Plan</b> |
| Employee only          | 3.18                  | 6.30                 |
| Employee + Children    | 6.35                  | 12.60                |
| Employee + Spouse      | 6.03                  | 11.98                |
| Family                 | 9.33                  | 18.54                |

\* If an employee enrolls in the **CDHP** plan after June 30, 2027, only half of the Board contribution will be made to the employee's health savings account (\$250 for single; \$750 for employee + children or spouse; \$1000 for family). There are certain restrictions related to the CDHP plan; please review these restrictions before choosing this plan.