

**Schedule of Insurance Premiums and Payroll Deductions**  
**Paraprofessionals/10 Month Office Professionals**  
**Fiscal Year 2027**

**Health Insurance Premiums**

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee Only-PPO	1,037.00	12,444.00	12,070.68	373.32	14.35
Employee Only-HSA	879.00	10,548.00	10,231.56	316.44	12.17
HSA Employer Contribution Single			400.00	→Per Check→	15.39
Employee Only-HMO	861.00	10,332.00	10,022.04	309.96	11.92
Employee+Spouse-PPO	2,485.00	29,820.00	12,070.68	17,749.32	682.66
Employee+Spouse-HSA	2,105.00	25,260.00	10,231.56	15,028.44	578.01
HSA Employer Contribution Family			400.00	→Per Check→	15.39
Employee+Spouse-HMO	2,065.00	24,780.00	10,022.04	14,757.96	567.61
Employee+Children-PPO	2,280.00	27,360.00	12,070.68	15,289.32	588.05
Employee+Children-HSA	1,931.00	23,172.00	10,231.56	12,940.44	497.70
HSA Employer Contribution Family		0.00	400.00	→Per Check→	15.39
Employee+Children-HMO	1,892.00	22,704.00	10,022.04	12,681.96	487.76
Family-PPO	2,960.00	35,520.00	12,070.68	23,449.32	901.89
Family-HSA	2,504.00	30,048.00	10,231.56	19,816.44	762.17
HSA Employer Contribution Family			400.00	→Per Check→	15.39
Family-HMO	2,453.00	29,436.00	10,022.04	19,413.96	746.69

\*Employees can change from HSA or HMO Plan to Traditional PPO Plan in either January or July after 3 full years of employment.

**Dental Insurance Premiums**

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee Only	52.00	624.00	605.28	18.72	0.72
Employee+Spouse	105.00	1,260.00	1,197.00	63.00	2.42
Employee+Children	126.00	1,512.00	1,436.40	75.60	2.90
Family	172.00	2,064.00	1,919.52	144.48	5.55

**Vision Insurance Premiums**

	Monthly Premium	Yearly Premium	Employer Contribution	Employee Contribution	Employee Deduction per Check (26)
Employee	9.49	113.88	0.00	113.88	4.38
Employee + Spouse	15.18	182.16	0.00	182.16	7.01
Employee + Child/Children	15.48	185.76	0.00	185.76	7.14
Employee + Family	24.98	299.76	0.00	299.76	11.53

**AFLAC Premiums**

All premiums as per individual contract at time of enrollment and relative to selected coverage

**Basic Life Insurance**

All premiums computed at .060/\$1,000 and paid by Employer