

**Schedule of Insurance Premiums and Payroll Deductions**

**Bus Drivers**

**Fiscal Year 2027**

**Health/Dental Insurance Premiums\***

	<b>Monthly Premium</b>	<b>Yearly Premium</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>	<b>Employee Deduction per Check (20)</b>
<b>Employee Only-PPO</b>	1,037.00	12,444.00	12,444.00	0.00	0.00
<b>Employee Only-HSA</b>	879.00	10,548.00	10,548.00	0.00	0.00
<b>HSA Employer Contribution Single</b>			400.00	→Per Check→	20.00
<b>Employee Only-HMO</b>	861.00	10,332.00	10,332.00	0.00	0.00
<b>Employee+Spouse-PPO</b>	2,485.00	29,820.00	12,444.00	17,376.00	868.80
<b>Employee+Spouse-HSA</b>	2,105.00	25,260.00	10,548.00	14,712.00	735.60
<b>HSA Employer Contribution Family</b>			400.00	→Per Check→	20.00
<b>Employee+Spouse-HMO</b>	2,065.00	24,780.00	10,332.00	14,448.00	722.40
<b>Employee+Children-PPO</b>	2,280.00	27,360.00	12,444.00	14,916.00	745.80
<b>Employee+Children-HSA</b>	1,931.00	23,172.00	10,548.00	12,624.00	631.20
<b>HSA Employer Contribution Family</b>			400.00	→Per Check→	20.00
<b>Employee+Children-HMO</b>	1,892.00	22,704.00	10,332.00	12,372.00	618.60
<b>Family-PPO</b>	2,960.00	35,520.00	12,444.00	23,076.00	1,153.80
<b>Family-HSA</b>	2,504.00	30,048.00	10,548.00	19,500.00	975.00
<b>HSA Employer Contribution Family</b>			400.00	→Per Check→	20.00
<b>Family-HMO</b>	2,453.00	29,436.00	10,332.00	19,104.00	955.20
<b>Employee Only (Dental)</b>	52.00	624.00	624.00	0.00	0.00
<b>Employee+Spouse (Dental)</b>	105.00	1,260.00	624.00	636.00	31.80
<b>Employee+Children (Dental)</b>	126.00	1,512.00	624.00	888.00	44.40
<b>Family (Dental)</b>	172.00	2,064.00	624.00	1,440.00	72.00

*\*Drivers can change from HSA or HMO Plan to Traditional PPO Plan in either January or July after 1 full year of employment.*

**Vision Insurance Premiums**

	<b>Monthly Premium</b>	<b>Yearly Premium</b>	<b>Employer Contribution</b>	<b>Employee Contribution</b>	<b>Employee Deduction per Check (20)</b>
<b>Employee</b>	9.49	113.88	0.00	113.88	5.69
<b>Employee + Spouse</b>	15.18	182.16	0.00	182.16	9.11
<b>Employee + Child/Children</b>	15.48	185.76	0.00	185.76	9.29
<b>Employee + Family</b>	24.98	299.76	0.00	299.76	14.99

**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