

Healthcare Plan Rate Sheet

20 Pay Employees (No Summer Checks)

January 1, 2027 to December 31, 2027

	Total	EPISD Contribution	Semi-Monthly January 15 - June 30	Summer No Checks July-August	Semi-Monthly September 15 - December 31
EPISD CDHP					
Employee Only	\$790.77	\$616.77	\$104.40	\$0.00	\$104.40
Employee & Spouse	\$1,728.77	\$616.77	\$667.20	\$0.00	\$667.20
Employee & Child(ren)	\$1,233.77	\$616.77	\$370.20	\$0.00	\$370.20
Employee & Family	\$2,074.77	\$616.77	\$874.80	\$0.00	\$874.80
EPISD Traditional PPO					
Employee Only	\$951.77	\$616.77	\$201.00	\$0.00	\$201.00
Employee & Spouse	\$1,847.77	\$616.77	\$738.60	\$0.00	\$738.60
Employee & Child(ren)	\$1,343.77	\$616.77	\$436.20	\$0.00	\$436.20
Employee & Family	\$2,239.77	\$616.77	\$973.80	\$0.00	\$973.80