

Healthcare Plan Rate Sheet Full District Contribution (24 Checks)
January 1, 2027 to December 31, 2027

	Total	EPISD Contribution	Employee Monthly Cost	Employee Semi-Monthly Cost
EPISD CDHP				
Employee Only	\$790.77	\$616.77	\$174.00	\$87.00
Employee & Spouse	\$1,728.77	\$616.77	\$1,112.00	\$556.00
Employee & Child(ren)	\$1,233.77	\$616.77	\$617.00	\$308.50
Employee & Family	\$2,074.77	\$616.77	\$1,458.00	\$729.00
EPISD Traditional PPO				
Employee Only	\$951.77	\$616.77	\$335.00	\$167.50
Employee & Spouse	\$1,847.77	\$616.77	\$1,231.00	\$615.50
Employee & Child(ren)	\$1,343.77	\$616.77	\$727.00	\$363.50
Employee & Family	\$2,239.77	\$616.77	\$1,623.00	\$811.50