

Healthcare Plan Rate Sheet

Substitute Employees

January 1, 2027 to December 31, 2027

	Total	Semi-Monthly January 15 - June 30	Summer No Checks July-August	Semi-Monthly September 15 - December 31
EPISD CDHP				
Employee Only	\$790.77	\$474.46	\$0.00	\$474.46
Employee & Spouse	\$1,728.77	\$1,037.26	\$0.00	\$1,037.26
Employee & Child(ren)	\$1,233.77	\$740.26	\$0.00	\$740.26
Employee & Family	\$2,074.77	\$1,244.86	\$0.00	\$1,244.86
EPISD Traditional PPO				
Employee Only	\$951.77	\$571.06	\$0.00	\$571.06
Employee & Spouse	\$1,847.77	\$1,108.66	\$0.00	\$1,108.66
Employee & Child(ren)	\$1,343.77	\$806.26	\$0.00	\$806.26
Employee & Family	\$2,239.77	\$1,343.86	\$0.00	\$1,343.86

If at any time a substitute's paycheck is not enough to cover a premium, the substitute is responsible to make the payment within 5 working days. No further notice will be given.