Plan(Sunset) No New Enroll start 2027		In-Network Deductibles	Out of Pocket Max.	2027 Monthly Premium	Board Contribution	Employee Cost Per Month	Employee Cost Per Pay
3359	Employee	$1,500.00	$6,000.00	$1,122.00	$656.00	$466.00	$233.00
	Employee + 1	$3,000.00	$12,000.00	$2,380.18	$656.00	$1,724.18	$862.09
	Employee + 1 (Husband/Wife CCSB Employees)	$3,000.00	$12,000.00	$2,380.18	$1,312.00	$1,068.18	$534.09
	Employee + Family	$3,000.00	$12,000.00	$2,481.31	$656.00	$1,825.31	$912.65
	Employee + Family (Husband/Wife CCSB Employees)	$3,000.00	$12,000.00	$2,481.31	$1,312.00	$1,169.31	$584.65
5168/5169	Employee	$2,000.00	$5,500.00	$873.93	$656.00	$217.93	$108.96
	Employee + 1	$4,000.00	$7,000.00	$1,864.37	$656.00	$1,208.37	$604.18
	Employee + 1 (Husband/Wife CCSB Employees)	$4,000.00	$7,000.00	$1,864.37	$1,312.00	$552.37	$276.18
	Employee + Family	$4,000.00	$7,000.00	$1,971.13	$656.00	$1,315.13	$657.56
	Employee + Family (Husband/Wife CCSB Employees)	$4,000.00	$7,000.00	$1,971.13	$1,312.00	$659.13	$329.56
5172/5173	Employee	$6,500.00	$8,500.00	$760.00	$656.00	$134.00	$67.00
	Employee + 1	$13,000.00	$17,000.00	$1,491.50	$656.00	$835.50	$417.75
	Employee + 1 (Husband/Wife CCSB Employees)	$13,000.00	$17,000.00	$1,491.50	$1,312.00	$179.50	$89.75
	Employee + Family	$13,000.00	$17,000.00	$1,576.90	$656.00	$920.90	$460.45
	Employee + Family (Husband/Wife CCSB Employees)	$13,000.00	$17,000.00	$1,576.90	$1,312.00	$264.90	$132.45

Amount based on IRS determination of Affordability per Federal Poverty Level

**Plan 5172 will NOT change with any additional Board Match.*