

To: FOOD SERVICE EMPLOYEES
From: Kelly McDonald - Payroll
Subject: 2026-2027 Health Insurance Deductions
Date: May 1, 2026

The current rates for all Medical Plans are listed below and will begin with the 10/1/26 paycheck. (These deductions are calculated by taking the monthly premium and multiplying it by 12 months and then dividing it by 21 paychecks)

Monthly rates for all plans will continue to be on a July 1 to June 30 schedule and will not change until July 1, 2026. Please compare these rates to your insurance deductions in your first full paycheck beginning in September 2026. Employees hired after 7/1/17 shall only be offered the **BSNENY PPO 815 Plan**

PLAN		Full Monthly Premium	Monthly Employee Responsibility	12 Month Employer Total	12 Month Employee Total	Employee Paycheck Contribution (21 Paychecks)
BlueShield PPO 815	Individual	\$1,122.57	\$224.51	\$10,776.67	\$2,694.17	\$128.30
Rates Through	2Person	\$2,881.03	\$576.21	\$27,657.89	\$6,914.47	\$329.27
6/30/2027	Family	\$3,026.44	\$605.29	\$29,053.82	\$7,263.46	\$345.88
20%	RX Benefit \$10/30/50 Retail; \$20/60/100 Mail Order					
CDPHP	Individual	\$1,243.62	\$373.09	\$10,446.41	\$4,477.03	\$213.20
Rates Through	2Person	\$3,081.71	\$924.51	\$25,886.36	\$11,094.16	\$528.30
6/30/2027	Family	\$3,081.71	\$924.51	\$25,886.36	\$11,094.16	\$528.30
30%	RX Benefit \$5/25/40 Retail; 2.5 Co-pay Mail					
MVP	Individual	\$1,332.56	\$399.77	\$11,193.50	\$4,797.22	\$228.44
Rates Through	2Person	\$2,846.00	\$853.80	\$23,906.40	\$10,245.60	\$487.89
6/30/2027	Family	\$2,846.00	\$853.80	\$23,906.40	\$10,245.60	\$487.89
30%	RX Benefit \$10/30/50 Retail; 2 Co-pay Mail					