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2027 HSBT Rates

PLAN	Deduction Code	Cost Per Month	Annual Cost	BGCS Pays Annually	Board Pays 24 Pays	Board Pays 18 Pays	Board %	Employee Pays Annually	Employee Owes 24 Pays	Employee Owes 18 Pays	
PLAN 1 / PLAN 2	**$1500 / $3000**		**OPM $6000 / $10000**								
Single	**3H2SN**	$ 959	$ 11,508	$ 8,393	$ 349.71	$ 466.28	72.93%	$ 3,115	$ 129.79	NA	
Emp + Spouse	**3H2ES**	$ 2,461	$ 29,532	$ 17,346	$ 722.75	$ 963.67	58.74%	$ 12,186	$ 507.75	NA	
Emp + Child(ren)	**3H2EC**	$ 1,841	$ 22,092	$ 13,256	$ 552.33	$ 736.44	60.00%	$ 8,836	$ 368.17	NA	
Family	**3H2FA**	$ 3,035	$ 36,420	$ 21,185	$ 882.71	$ 1,176.94	58.17%	$ 15,235	$ 634.79	NA	
PLAN 3	**$2700 / $5400**		**OPM $6000 / $10000**								
Single	**3H3SN**	$ 852	$ 10,224	$ 9,293	$ 387.21	$ 516.28	90.89%	$ 931	$ 38.79	$ 51.72	3SNH3
Emp + Spouse	**3H3ES**	$ 2,151	$ 25,812	$ 19,595	$ 816.46	$ 1,088.61	75.91%	$ 6,217	$ 259.04	$ 345.39	3ESH3
Emp + Child(ren)	**3H3EC**	$ 1,638	$ 19,656	$ 15,520	$ 646.67	$ 862.22	78.96%	$ 4,136	$ 172.33	$ 229.78	3ECH3
Family	**3H3FA**	$ 2,680	$ 32,160	$ 23,966	$ 998.58	$ 1,331.44	74.52%	$ 8,194	$ 341.42	$ 455.22	3FAH3
PLAN 4	**$3500 / $7000**		**OPM $6900 / $11500**					**$1000 HSA over 20 pays**			
Single	**3H4SN**	$ 707	$ 8,484	$ 8,101	$ 337.54	$ 450.06	95.49%	$ 383	$ 15.96	$ 21.28	3SNH4
Emp + Spouse	**3H4ES**	$ 1,753	$ 21,036	$ 17,367	$ 723.63	$ 964.83	82.56%	$ 3,669	$ 152.88	$ 203.83	3ESH4
Emp + Child(ren)	**3H4EC**	$ 1,347	$ 16,164	$ 14,090	$ 587.08	$ 782.78	87.17%	$ 2,074	$ 86.42	$ 115.22	3ECH4
Family	**3H4FA**	$ 2,166	$ 25,992	$ 20,912	$ 871.33	$ 1,161.78	80.46%	$ 5,080	$ 211.67	$ 282.22	3FAH4
PLAN 5	**$5700 / $11400**		**OPM $6900 / $13800**					**$1000 HSA over 20 pays**			
Single	**3H5SN**	$ 656	$ 7,872	$ 7,532	$ 313.83	$ 418.44	95.68%	$ 340	$ 14.17	$ 18.89	3SNH5
Emp + Spouse	**3H5ES**	$ 1,604	$ 19,248	$ 15,866	$ 661.08	$ 881.44	82.43%	$ 3,382	$ 140.92	$ 187.89	3ESH5
Emp + Child(ren)	**3H5EC**	$ 1,232	$ 14,784	$ 12,904	$ 537.67	$ 716.89	87.28%	$ 1,880	$ 78.33	$ 104.44	3ECH5
Family	**3H5FA**	$ 1,974	$ 23,688	$ 19,086	$ 795.25	$ 1,060.33	80.57%	$ 4,602	$ 191.75	$ 255.67	3FAH5
DENTAL CORE											
Single	3DCSN	35.00	420.00	374.00	$ 15.58	$ 20.78	89.05%	$ 46	$ 1.92	$ 2.56	3SNDC
Emp + Spouse	3DCES	78.00	936.00	422.00	$ 17.58	$ 23.44	45.09%	$ 514	$ 21.42	$ 28.56	3ESDC
Emp + Child(ren)	3DCEC	64.00	768.00	398.00	$ 16.58	$ 22.11	51.82%	$ 370	$ 15.42	$ 20.56	3ECDC
Family	3DCFA	110.00	1320.00	446.00	$ 18.58	$ 24.78	33.79%	$ 874	$ 36.42	$ 48.56	3FADC
DENTAL ENHANCED											
Single	3DESN	50.00	600.00	398.00	$ 16.58	$ 22.11	66.33%	202	$ 8.42	$ 11.22	3SNDE
Emp + Spouse	3DEES	107.00	1284.00	446.00	$ 18.58	$ 24.78	34.74%	838	$ 34.92	$ 46.56	3EDDE
Emp + Child(ren)	3DEEC	89.00	1068.00	422.00	$ 17.58	$ 23.44	39.51%	646	$ 26.92	$ 35.89	3ECDE
Family	3DEFA	152.00	1824.00	494.00	$ 20.58	$ 27.44	27.08%	1330	$ 55.42	$ 73.89	3FADE
VISION CERTIFIED											
Single	3VSNC	$ 8.00	$ 96.00	$ 96.00	$ 4.00	$ 5.33	100.00%	$ -	$ -	NA	
Emp + Spouse	3VESC	$ 15.00	$ 180.00	$ 91.27	$ 3.80	$ 5.07	50.71%	$ 88.73	$ 3.70	NA	
Emp + Child(ren)	3VECC	$ 16.00	$ 192.00	$ 90.72	$ 3.78	$ 5.04	47.25%	$ 101.28	$ 4.22	NA	
Family	3VFAC	$ 26.00	$ 312.00	$ 97.20	$ 4.05	$ 5.40	31.15%	$ 214.80	$ 8.95	NA	
VISION CLASSIFIED											

Single	3VSN4	$ 8.00	$ 96.00	$ 7.20	$ 0.30	$ 0.40	7.50%	$ 88.80	$ 3.70	$ 4.93	3VSN9
Emp + Spouse	3VES4	$ 15.00	$ 180.00	$ 2.40	$ 0.10	$ 0.13	1.33%	$ 177.60	$ 7.40	$ 9.87	3VES9
Emp + Child(ren)	3VEC4	$ 16.00	$ 192.00	$ 1.92	$ 0.08	$ 0.11	1.00%	$ 190.08	$ 7.92	$ 10.56	3VEC9
Family	3VFA4	$ 26.00	$ 312.00	$ 8.40	$ 0.35	$ 0.47	2.69%	$ 303.60	$ 12.65	$ 16.87	3VFA9