Coral Ridge Presbyterian Church/ Westminster

2027 Insurance Monthly Cost Sheet

Aetna HDHP HSA

Aetna HDHP BASE	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 622.29	$ 622.29	$ -	$ -
Employee + Spouse	$ 1,238.35	$ 795.46	$ 221.45	$ 442.89
Employee + Child(ren)	$ 1,101.44	$ 818.35	$ 141.55	$ 283.09
Family	$ 1,630.39	$ 835.76	$ 397.32	$ 794.63

AETNA COPAY BASE

AETNA COPAY BASE	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 890.84	$ 843.18	$ 23.83	$ 47.66
Employee + Spouse	$ 1,772.76	$ 1,135.65	$ 318.56	$ 637.11
Employee + Child(ren)	$ 1,576.76	$ 1,182.37	$ 197.20	$ 394.39
Family	$ 2,333.98	$ 1,192.22	$ 570.88	$ 1,141.76

AETNA SILVER

AETNA SILVER	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 943.62	$ 676.30	$ 133.66	$ 267.32
Employee + Spouse	$ 1,877.80	$ 974.93	$ 451.44	$ 902.87
Employee + Child(ren)	$ 1,670.19	$ 953.58	$ 358.31	$ 716.61
Family	$ 2,472.27	$ 1,036.05	$ 718.11	$ 1,436.22

AETNA GOLD

AETNA GOLD	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 987.05	$ 628.02	$ 179.52	$ 359.03
Employee + Spouse	$ 1,964.21	$ 886.83	$ 538.69	$ 1,077.38
Employee + Child(ren)	$ 1,747.05	$ 874.61	$ 436.22	$ 872.44
Family	$ 2,586.05	$ 921.81	$ 832.12	$ 1,664.24

Transamerica $500/$500

$500/$500 Gap Plan	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 18.50	$ -	$ 9.25	$ 18.50
Employee + Spouse	$ 41.45	$ -	$ 20.73	$ 41.45
Employee + Child(ren)	$ 26.79	$ -	$ 13.40	$ 26.79
Family	$ 41.93	$ -	$ 20.97	$ 41.93

Transamerica $2,000/$2,000

$2000/$2000 Gap Plan	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 51.36	$ -	$ 25.68	$ 51.36
Employee + Spouse	$ 110.34	$ -	$ 55.17	$ 110.34
Employee + Child(ren)	$ 80.11	$ -	$ 40.06	$ 80.11
Family	$ 133.89	$ -	$ 66.95	$ 133.89

SunLife Dental DPPO Low

DPPO Low	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 22.72	$ 12.00	$ 5.36	$ 10.72
Employee + Spouse	$ 44.38	$ 15.00	$ 14.69	$ 29.38
Employee + Child(ren)	$ 59.10	$ 15.00	$ 22.05	$ 44.10
Family	$ 79.11	$ 15.00	$ 32.06	$ 64.11

SunLife Dental DPPO High

DPPO High	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 37.38	$ 12.00	$ 12.69	$ 25.38
Employee + Spouse	$ 77.82	$ 15.00	$ 31.41	$ 62.82
Employee + Child(ren)	$ 100.11	$ 15.00	$ 42.56	$ 85.11
Family	$ 130.45	$ 15.00	$ 57.73	$ 115.45

SunLife VSP Vision

VSP Vision	Total Monthly Premium	Employer Contribution	Employee Semi-Monthly Cost	Employee Monthly Cost
Employee Only	$ 6.26	$ 5.00	$ 0.63	$ 1.26
Employee + Spouse	$ 11.82	$ 6.00	$ 2.91	$ 5.82
Employee + Child(ren)	$ 12.46	$ 6.00	$ 3.23	$ 6.46
Family	$ 18.31	$ 6.00	$ 6.16	$ 12.31