

2027 Rates & Contributions

MEDICAL	RED PLAN					BLUE PLAN					WHITE PLAN				
	Monthly			ER per pay check	Employee per pay check	Monthly			ER per pay check	Employee per pay check	Monthly			ER per pay check	Employee per pay check
	Total premium	Employer 80%	Employee 20%			Total premium	Employer 80%	Employee 20%			Total premium	Employer 95%	Employee 5%		
Employee Only	\$1,164.77	\$931.83	\$232.94	\$465.91	\$116.47	\$978.88	\$783.10	\$195.78	\$391.55	\$97.89	\$783.13	\$743.97	\$39.16	\$371.99	\$19.58
Employee + Spouse	\$1,945.04	\$1,556.04	\$389.00	\$778.02	\$194.50	\$1,634.67	\$1,307.75	\$326.92	\$653.87	\$163.46	\$1,307.75	\$1,242.37	\$65.38	\$621.19	\$32.69
Employee + Chil(ren)	\$1,723.68	\$1,378.95	\$344.74	\$689.48	\$172.37	\$1,448.60	\$1,158.89	\$289.71	\$579.45	\$144.86	\$1,158.92	\$1,100.98	\$57.94	\$550.49	\$28.97
Employee + Family	\$2,830.13	\$2,264.10	\$566.03	\$1,132.05	\$283.01	\$2,378.55	\$1,902.85	\$475.70	\$951.43	\$237.85	\$1,902.86	\$1,807.72	\$95.14	\$903.86	\$47.57

DENTAL	Monthly			ER per pay check	Employee per pay check
	Total premium	Employer	Employee		
EE Only	\$51.00	\$51.00	\$0.00	\$25.50	\$0.00
EE + 1	\$83.00	\$58.00	\$25.00	\$29.00	\$12.50
EE + 2 or more	\$135.00	\$67.50	\$67.50	\$33.75	\$33.75

VISION	Monthly			Employee per pay check
	Total premium	Employer	Employee	
EE Only	\$10.89	\$0.00	\$10.89	\$5.45
Family	\$23.64	\$0.00	\$23.64	\$11.82

CURALINC - EAP	ER Monthly
	Total premium
PEPM	\$2.30

VOYA	ER Monthly
	Total premium
Basic Life Actives - Rate Per \$1000	\$0.086
Basic AD&D - Rate Per \$1000	\$0.020
Supplemental AD&D (EE, SP & CH) - Rate Per \$1000	\$0.035
Supplemental Life Child - \$10,000 - Rate Per \$1000	\$0.123
Supplemental Life for Employee and Spouse - rates are age-banded	--