2027 BI-WEEKLY PREMIUMS FOR HEALTH, DENTAL, & VISION PLANS

2027 BI-WEEKLY HEALTH PLAN RATES		
	Full-Time	Part-Time
Standard Plan		
With Wellness Incentive		
Employee Only	$ 105.56	$ 211.13
Employee + Child(ren)	$ 200.05	$ 400.12
Empoyee + Spouse	$ 231.80	$ 463.60
Employee + Family	$ 278.85	$ 557.68
Without Wellness Incentive		
Employee Only	$ 142.45	$ 284.91
Employee + Child(ren)	$ 269.98	$ 539.95
Empoyee + Spouse	$ 312.80	$ 625.63
Employee + Family	$ 376.30	$ 752.60
Enhanced Plan		
Employee Only	$ 167.33	$ 311.64
Employee + Child(ren)	$ 322.95	$ 596.43
Empoyee + Spouse	$ 334.66	$ 651.55
Employee + Family	$ 520.39	$ 901.59
High Deducible Plan		
Employee Only	$ 57.55	$ 78.71
Employee + Child(ren)	$ 112.02	$ 224.05
Empoyee + Spouse	$ 125.43	$ 250.83
Employee + Family	$ 152.80	$ 305.59

2027 BI-WEEKLY DENTAL RATES	
Value Plan	
Employee Only	$ 12.44
Employee + Spouse	$ 24.88
Employee + Child(ren)	$ 34.42
Family	$ 45.31
Premier Plan	
Employee Only	$ 21.00
Employee + Spouse	$ 42.00
Employee + Child(ren)	$ 52.98
Family	$ 73.11

2026 BI-WEEKLY VISION RATES	
Base Plan	
Employee Only	$ 3.48
Employee + 1	$ 6.94
Family	$ 11.18
Buy-Up Plan	
Employee Only	$ 5.81
Employee + 1	$ 11.61
Family	$ 18.70