Salaried Employee Contributions
Plan Year 2027: January 1, 2027 - December 31, 2027

MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	$177.54	$366.49	$336.41	$515.01
Preferred	$67.72	$152.36	$139.86	$214.09
Economy	$13.44	$46.54	$42.69	$65.41
HDHP	$78.48	$153.04	$140.48	$215.04

DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$0.00	$8.87	$17.29	$26.63
Low Option	$0.00	$5.61	$11.46	$17.53

VISION RATES (BI-WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$1.77	$3.37	$3.54	$5.26

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