Monthly COBRA Rates (includes 2% admin)
Plan Year 2027: January 1, 2027 - December 31, 2027

MEDICAL/RX PLAN RATES (SAL, O&M, CLERICAL & CAR)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	$1,393.89	$2,718.03	$2,495.02	$3,819.23
Preferred	$1,151.18	$2,244.80	$2,060.66	$3,154.19
Economy	$1,031.23	$2,010.92	$1,845.90	$2,825.60
HDHP (SAL Only)	$849.22	$1,655.94	$1,520.09	$2,326.86

MEDICAL/RX PLAN RATES (IBEW)

Plan	Employee Only	Employee + Family
Premium	$1,393.89	$3,133.93
Preferred	$1,151.18	$2,588.26
Economy	$1,031.23	$2,318.57

MEDICAL/RX PLAN RATES - RETIREE/SURVIVING SPOUSES

Monthly Retiree Rates	Premium		Preferred		Economy	
Tier 3 Retired 12/1/04 & After	Single	Family	Single	Family	Single	Family
Tier 3 Non Medicare	$1,913.49	$4,302.13	$1,580.27	$3,553.11	$1,415.68	182.86
Tier 3 Medicare	$1,148.86	$2,251.76	$992.33	$1,945.02	$926.34	$1,815.51

MEDICARE ADVANTAGE PLAN RATES (RETIREES)

Plan	Employee Only	Per Add'l Family Member
GHP Advantra	518.13	518.13

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DENTAL PLAN RATES (SALARIED EMPLOYEES)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	$24.02	$48.06	$70.85	$95.66
Low Option	$15.15	$30.33	$46.18	$62.32

DENTAL PLAN RATES (HOURLY EMPLOYEES)

Plan	Employee Only	Employee + Family
High Option	$24.02	$74.75
Low Option	$15.15	$46.24

VISION RATES (ALL EMPLOYEES)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
$3.92	$7.45	$7.83	$11.63

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