

BENEFIT/OPTIONAL RATES - Calendar Year 2027

Non-Contractual

F/T EMPLOYEES MEDICAL						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
AETNA	Aetna Choice POS II \$20/\$20	GOLD	1,367.00	2,734.00	2,447.00	3,814.00
AETNA	Aetna QPOS \$5/\$5	SILVER	1,160.00	2,319.00	2,076.00	3,141.00
AETNA	Aetna Whole Health Plan OMNIA \$5/\$15	BRONZE	1,115.00	2,229.00	1,995.00	3,109.00
AETNA	Aetna Choice POS II HDHP	BRONZE	1,093.00	2,184.00	1,955.00	3,047.00

*High deductible plan includes RX (combined)

F/T EMPLOYEES PRESCRIPTION						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
Express Scripts	RX \$10/\$20/\$35		355.00	708.00	634.00	988.00

F/T EMPLOYEES DENTAL					
Effective 01/01/2027 - 12/31/2027			EE	ESP/PC1	PC2/FAM
Delta Premier			32.36	55.53	102.46
Delta Premier Buy-Up			37.17	63.79	117.65
Delta Preferred			29.68	50.26	90.57
Delta Preferred Buy-Up			34.09	57.73	104.01

*There is an additional monthly contribution when choosing the medical Gold plan and/or the dental Buy-Up plan. This amount is charged once per month in addition to your bi-weekly premium amount.

F/T EMPLOYEES MEDICAL - Monthly Buy-Up Contribution						
Effective 01/01/2027-6/30/2028			EE	ESP	PC	FAM
AETNA	Aetna Choice POS II \$20/\$20	GOLD	207.00	415.00	371.00	673.00

F/T EMPLOYEES DENTAL - Monthly Buy-Up Contribution					
Effective 01/01/2027 - 12/31/2027			EE	ESP/PC1	PC2/FAM
Delta Premier Buy-Up			4.81	8.26	15.19
Delta Preferred Buy-Up			4.41	7.47	13.44