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2027 Health Benefits Information

Navigating your insurance premiums and coverage is key to maximizing its benefits.
Here's a quick summary to help you understand the fundamentals.



Health Plan Premiums Per Pay (26 Pays)

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
PPO	\$83.34	\$165.80	\$140.53	\$191.13
HDHP	\$55.43	\$107.92	\$88.41	\$127.30



Dental, and Vision Plan Premiums Per Pay (26 Pays)

	EMPLOYEE	EMPLOYEE + 1	FAMILY
Dental - LOW	\$16.03	\$31.28	\$47.95
Dental - HIGH	\$20.47	\$39.87	\$61.35
Vision - Davis	\$4.41	\$6.69	\$11.75
Vision - VSP	\$5.36	\$8.13	\$14.31



PPO Plan Individual / Family

Plan & Coverage	SIHO+ 80%-20%	SIHO 70%-30%	Out of Network 60%-40%
Deductible	\$1,250	\$2,000	\$2,000
	\$2,500	\$4,000	\$4,000
Coinsurance	\$4,750	\$7,000	\$7,000
	\$9,500	\$14,000	\$14,000
Max Out-of-Pocket	\$4,750	\$7,000	\$7,000
	\$9,500	\$14,000	\$14,000

Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa



HDHP Plan Individual / Family

Plan & Coverage	SIHO+ 80%-20%	SIHO 70%-30%	Out of Network 60%-40%
Deductible	\$2,000	\$3,500	\$3,500
	\$4,000	\$7,000	\$7,000
Coinsurance	\$4,750	\$7,000	\$7,000
	\$9,500	\$14,000	\$14,000
Max Out-of-Pocket	\$4,750	\$7,000	\$7,000
	\$9,500	\$14,000	\$14,000

Tier 1 and Tier 2 deductibles and coinsurance cross apply. Copays accumulate toward the maximum out-of-pocket and do not apply to Tier 3 and vice versa



Monthly Retiree Premiums

	RETIREE	RETIREE + 1	FAMILY
PPO	\$694.19	\$1,405.91	\$2,033.14
HDHP	\$677.65	\$1,372.42	\$1,968.39



COBRA Monthly Premiums

	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	FAMILY
PPO	\$1,416.15	\$2,999.71	\$2,341.45	\$4,147.60
HDHP	\$1,382.40	\$2,928.24	\$2,285.66	\$4,015.52
Dental	\$45.24	\$88.12	\$88.12	\$135.58
Vision (Davis/VSP)	\$11.85	\$17.98	\$17.98	\$31.62
	\$9.74	\$14.77	\$14.77	\$25.97

