

Retiree Premium Calculation Sheet

Plan year 10/1/26-9/30/27

Amounts listed are monthly costs

MEDICAL

Base Option	Monthly Premium
☐ Individual Only	\$ 917.07
☐ Individual/Spouse	\$ 1,926.22
☐ Individual /Child(ren)	\$ 1,649.96
☐ Individual/Family	\$ 2,659.11

CDHP Option

☐ Individual Only	\$ 835.08
☐ Individual/Spouse	\$ 1,753.40
☐ Individual /Child(ren)	\$ 1,503.64
☐ Individual/Family	\$ 2,419.44

DENTAL

Dental	Monthly Premium
☐ Individual Only	\$ 47.22
☐ Individual/Spouse	\$ 91.12
☐ Individual /Child(ren)	\$ 105.45
☐ Individual/Family	\$ 147.13

VISION

Vision	Monthly Premium
☐ Individual Only	\$ 6.54
☐ Individual/Spouse	\$ 13.62
☐ Individual /Child(ren)	\$ 12.81
☐ Individual/Family	\$ 19.90

Add any monthly premium costs together to get your total monthly premium amount due.