EMPLOYEE MONTHLY HEALTH RATES*

JANUARY 1, 2027

AETNA PREMIER

Base Salary	Employee Only Contribution	Employee + One Dependent	Employee + Family (2 or more Dependents)
$24,999 and under	$20.00	$1,340.46	$2,339.80
$25,000 - $49,999	$25.00	$1,345.46	$2,344.80
$50,000 - $74,999	$60.00	$1,380.46	$2,379.80
$75,000 - $99,999	$80.00	$1,400.46	$2,399.80
$100,000 - $124,999	$130.00	$1,450.46	$2,449.80
$125,000 - $149,999	$190.00	$1,510.46	$2,509.80
$150,000 and above	$200.00	$1,520.46	$2,519.80

AETNA PREMIER PLUS

Base Salary	Employee Only Contribution	Employee + One Dependent	Employee + Family (2 or more Dependents)
$24,999 and under	$32.50	$1,546.44	$2,693.66
$25,000 - $49,999	$40.83	$1,554.77	$2,701.99
$50,000 - $74,999	$82.50	$1,596.44	$2,743.66
$75,000 - $99,999	$133.33	$1,647.27	$2,794.49
$100,000 - $124,999	$187.50	$1,701.44	$2,848.66
$125,000 - $149,999	$235.00	$1,748.94	$2,896.16
$150,000 and above	$281.25	$1,795.19	$2,942.41

AETNA PREMIER CHOICE HSA**	Employee Only Contribution	Employee + One Dependent	Employee + Family (2 or more Dependents)
All Salary Levels	$0.00	$996.40	$1,840.70

AETNA KIDS' PLANS	1 Child	2 Children	3 or more Children
Basic Plan (Ages 5-26)	$874.42	$1,748.96	$2,623.40
Enhanced Plan (Ages 5-26)	$1,464.96	$2,930.08	$4,395.10

*** Bi-Weekly paycheck deduction will vary based on your payroll calendar.**

**** Employees hired after 1/1/2027 must enroll in the Premier Choice Plan, for the first three (3) years of employment or elect to opt out.**

Revised 9-30-2026

EMPLOYEE MONTHLY DENTAL/VISION RATES*
JANUARY 1, 2027

DENTAL	AETNA	COMPBENEFITS (HUMANA)
BASIC DHMO PLAN		
Employee Only	$ 0.00	$ 0.00
+ One Dependent	6.98	4.70
+ Family (2 or more Dependents)	14.44	8.56
ENHANCED DHMO PLAN		
Employee Only	$ 1.36	$ 0.00
+ One Dependent	11.04	6.76
+ Family (2 or more Dependents)	19.56	11.96
BASIC PPO PLAN		
Employee Only	$ 30.68	$ 31.18
+ One Dependent	68.38	65.16
+ Family (2 or more Dependents)	109.58	102.84
ENHANCED PPO PLAN		
Employee Only	$ 43.06	$ 39.00
+ One Dependent	95.48	84.64
+ Family (2 or more Dependents)	163.88	138.48

VISION	AETNA	COMPBENEFITS (HUMANA)
BASIC PLAN		
Employee Only	$ 0.00	$ 0.00
+ One Dependent	4.12	6.24
+ Family (2 or more Dependents)	9.52	13.90
ENHANCED PLAN		
Employee Only	$ 5.82	$ 6.72
+ One Dependent	12.88	16.16
+ Family (2 or more Dependents)	22.08	27.68

***Bi-Weekly paycheck deductions will vary based on your payroll calendar.**

Health & Kids' Plans on the Reverse Side