

2027 Benefit Rate Sheet



State Health Benefit Plan Rates Effective January 1, 2027

Plan Type	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Anthem HRA Bronze Plan	\$94.16	\$286.52	\$189.35	\$381.71
Anthem HRA Silver Plan	\$153.17	\$410.44	\$289.67	\$546.94
Anthem HRA Gold Plan	\$227.19	\$565.89	\$415.51	\$754.21
Anthem HMO Plan	\$189.29	\$486.30	\$351.08	\$648.09
Kaiser HMO Plan	\$189.29	\$486.30	\$351.08	\$648.09
UHC HDHP Plan	\$83.76	\$264.68	\$171.67	\$352.59
UHC HMO Plan	\$232.70	\$577.46	\$424.87	\$769.63
Tricare Supp.	\$60.50	\$119.50	\$119.50	\$160.50

Be sure you take advantage of all our online resources to ensure you're making the best choice for you & your family. Remember that the Fayette Public School continues to fund most of the cost of your health plans in 2027 - \$1,935.00 per month for every enrolled employee. If you or a covered dependent are a tobacco user, add \$80 to the rates above. The Tricare Supplement is for active or retired military personnel enrolled in Tricare.

Dental Plan Rates Effective January 1, 2027

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
ChoiceStandard	\$35.82	\$69.81	\$73.18	\$102.57
ChoicePlus	\$59.59	\$116.70	\$122.40	\$171.74
Network Platinum	\$51.87	\$101.57	\$106.53	\$149.49
DMO Plan	\$16.51	\$30.06	\$37.28	\$44.46

Delta Dental is the provider for all plans in 2027. *Note that you MUST use a Delta Dental PPO network dentist if you enroll in the Network Platinum plan, and you MUST use a DeltaCare USA network dentist if you sign up for the DMO.* Visit our website to search for in-network dentists!

Vision Plan Rates Effective January 1, 2027

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Standard Plan	\$5.04	\$10.00	\$10.44	\$13.90
Premium Plan	\$8.48	\$17.83	\$18.63	\$25.15

Our vision provider for 2027 is EyeMed. Go to the benefits page of our website to find eye doctors in the EyeMed network!

Short-Term Disability Plan Rates Effective January 1, 2027

Age	7-Day Wait	14-Day Wait	30-Day Wait	45-Day Wait	60-Day Wait	75-Day Wait
0-19	\$1.072	\$0.832	\$0.568	\$0.488	\$0.256	\$0.208
20-24	\$1.072	\$0.832	\$0.568	\$0.488	\$0.256	\$0.208
25-29	\$1.072	\$0.832	\$0.568	\$0.488	\$0.256	\$0.208
30-34	\$1.072	\$0.832	\$0.568	\$0.488	\$0.256	\$0.208
35-39	\$0.928	\$0.824	\$0.560	\$0.456	\$0.248	\$0.192
40-44	\$0.736	\$0.672	\$0.456	\$0.360	\$0.288	\$0.216
45-49	\$0.792	\$0.672	\$0.472	\$0.360	\$0.288	\$0.216
50-54	\$0.848	\$0.704	\$0.544	\$0.416	\$0.336	\$0.264
55-59	\$1.080	\$0.880	\$0.560	\$0.472	\$0.432	\$0.376
60-64	\$1.248	\$1.000	\$0.568	\$0.472	\$0.432	\$0.376
65-69	\$1.288	\$1.000	\$0.568	\$0.472	\$0.432	\$0.376
70+	\$1.288	\$1.000	\$0.568	\$0.472	\$0.432	\$0.376

The rates listed above are **per \$100 of monthly benefit**. You may purchase Short-Term Disability (STD) coverage in an amount less than or equal to 60% of your monthly salary, in \$100 increments. Our benefits portal calculates cost automatically for you as you enroll. OneAmerica is the provider. Be sure to check your sick leave balance before enrolling in the STD plan. The plan will not pay you anything until all your sick leave is used, so select the "Wait" (7, 14, 30, 45, 60, 75) that most closely mirrors your sick leave balance. Note that the wait periods reflect calendar days, while your sick leave is work days. 7 calendar days = 5 work days.

Long-Term Disability Plan Rates Effective January 1, 2027

Age	Cost per \$100 of Monthly Covered Payroll
0-19	\$0.137
20-24	\$0.137
25-29	\$0.137
30-34	\$0.137
35-39	\$0.137
40-44	\$0.137
45-49	\$0.137
50-54	\$0.280
55-59	\$0.500
60-64	\$0.604
65+	\$0.986

MetLife is our Long-Term Disability (LTD) provider. If you are nearing retirement age, you may not need to purchase LTD coverage at all.

Planning to have a baby?

Eligible employees may qualify for up to 3 weeks of maternal birth leave and 30 days of paid parental leave. So, if you have a baby, you could have up to 9 possible weeks of paid leave, then you would use your sick leave balance, **THEN** disability **IF** you are still disabled. If expecting to have a baby, consider if it makes sense to adjust your STD wait period!

Life Insurance Plan Rates Effective January 1, 2027

EMPLOYEE	Cost per \$1,000	SPOUSE	Cost per \$1,000	CHILD	Cost per \$1,000
<30	\$0.038	<30	\$0.040		\$0.109
30-34	\$0.047	30-34	\$0.050		
35-39	\$0.066	35-39	\$0.060		
40-44	\$0.085	40-44	\$0.080		
45-49	\$0.122	45-49	\$0.110		
50-54	\$0.188	50-54	\$0.180		
55-59	\$0.300	55-59	\$0.290		
60-64	\$0.413	60-64	\$0.440		
65-69	\$0.789	65-69	\$0.840		
70+	\$1.276	70+	\$1.360		



MetLife is our Life Insurance provider. Employees may purchase Life Insurance in increments of \$10,000 up to a maximum benefit of ten times salary or \$1,000,000 whichever is less. You may also purchase Life Insurance for your Spouse in \$10,000 increments up to a maximum benefit of \$250,000 not to exceed 50% of your coverage amount. The cost for Employee Life is based on your age. Spouse life is based on your age. You may purchase Life Insurance for children (under age 26) in increments of \$1,000 with a minimum of \$3,000 and a maximum of \$20,000.

Accidental Death & Dismemberment Plan Rates Effective January 1, 2027

Supplemental AD&D	Employee Rate
Cost per \$10,000	\$0.150

MetLife is our AD&D provider. This plan pays if you die or are severely injured in an accident. It covers fewer injuries than the Accident plan does, but it costs a lot less. Be sure to review the additional information about this coverage on the Benefits page of our website, or as you are enrolling in our Benefits Portal.

Have questions?
Visit our benefits
site and ask
Bette. She is
available 24/7 to
help you make a
good decision.



Legal Plan Rates Effective January 1, 2027

Legal Plan	Standard Plan	Premium Plan
Monthly Cost	\$8.25	\$15.75

MetLife is our Legal plan provider. The Premium Plan covers more than the Standard Plan. Be sure to review the additional information about this coverage on the Benefits page of our website, or as you are enrolling in our Benefits Portal.

Critical Illness Plan Rates Effective January 1, 2027

EMPLOYEE	Cost per \$1,000	SPOUSE	Cost per \$1,000	CHILD	Cost
<30	\$0.39	<30	\$0.39	To Age 26	Child(ren) covered at 50% of employee benefit at no cost
30-39	\$0.68	30-39	\$0.68		
40-49	\$1.16	40-49	\$1.16		
50-59	\$1.74	50-59	\$1.74		
60-69	\$2.38	60-69	\$2.38		
70-84	\$3.86	70-84	\$3.86		

Guardian is our Critical Illness plan provider. Rates above are per \$1,000 of coverage. You can choose from \$5,000 to \$40,000 of coverage for yourself in \$5,000 increments.

Accident Plan Rates Effective January 1, 2027

Accident Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Monthly Cost	\$8.50	\$16.83	\$19.03	\$27.36

Guardian is our Accident plan provider. This plan pays if you are injured in an accident. It covers many more injuries than the AD&D plan does, but it costs significantly more.

To get to our benefits website, go to
www.fcboe.org, click on Departments, HR,
 Benefits or scan this code!

