

2027 BENEFITS RATE SHEET		COST PER PAY PERIOD	YOUR DEDUCTIONS
MEDICAL (*PRE-TAX) (May be pro-rated based on coverage effective date)			
☐ Single (Employee Only)		\$ 0.00	\$
☐ Spouse Only		\$ 382.10	\$
☐ 1 Child Only		\$ 124.60	\$
☐ 2 Children Only		\$ 249.30	\$
☐ 3 Children Only		\$ 373.90	\$
☐ Dual Spouse Payer/Family (Two employees with two or more dependent children)		\$ 249.30	\$
☐ Dual Spouse Non-Payer (no paycheck deduction)		\$ 0.00	\$
☐ Dual Spouse + 1 Child (Two employees with one dependent child)		\$ 124.60	\$
☐ Dual Spouse Employee (Two employees with no dependent children)		\$ 0.00	\$
☐ Family		\$ 578.50	\$
☐ Refuse/Decline Coverage		\$ 0.00	\$
LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNTS (*PRE-TAX)			
☐ Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$170.00) (Allows up to \$680 carryover of unused funds into the new calendar year)		\$	\$
☐ Dependent Child Care Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$375.00)		\$	\$
HEALTH SAVINGS ACCOUNTS (*PRE-TAX)			
☐ Self-Only Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$225.00)		\$	\$
☐ Family Reimbursement (Per Pay Period: Minimum \$5.00 / Maximum \$450.00)		\$	\$
☐ Age 55+ Catch-Up Contribution (Per Pay Period: Minimum \$5.00 / Maximum \$50.00)		\$	\$
DENTAL INSURANCE (*PRE-TAX)			
☐ Dental HMO Employee		\$ 11.34	\$
☐ Dental HMO Employee + One		\$ 19.84	\$
☐ Dental HMO Employee + Family		\$ 31.18	\$
☐ Dental PPO High Option Employee		\$ 27.39	\$
☐ Dental PPO High Option Employee + One		\$ 47.88	\$
☐ Dental PPO High Option Employee + Family		\$ 74.68	\$
☐ Dental PPO Low Option Employee		\$ 12.19	\$
☐ Dental PPO Low Option Employee + One		\$ 21.29	\$
☐ Dental PPO Low Option Employee + Family		\$ 33.22	\$
VISION INSURANCE (*PRE-TAX)			
☐ Vision Base Employee		\$ 3.08	\$
☐ Vision Base Employee + One		\$ 6.17	\$
☐ Vision Base Employee + Family		\$ 9.94	\$
☐ Vision Premier Employee		\$ 6.28	\$
☐ Vision Premier Employee + One		\$ 12.56	\$
☐ Vision Premier Employee + Family		\$ 20.22	\$
LIFE INSURANCE			
☒ Basic Life Insurance (Provided at no cost to employees. The benefit is one times the annual salary or a minimum of \$30,000 up to \$100,000)		\$ 0.00	\$ 0.00
☐ Supplemental Life Insurance \$20,000 (Pre-Tax*)		\$ 3.74	\$
☐ Voluntary Group Term Life & AD&D Employee (Post-Tax)	Click for Rates		\$
☐ Voluntary Group Term Life & AD&D Spouse (Post-Tax)			\$
☐ Voluntary Group Term Life & AD&D Children (Post-Tax)			\$
DISABILITY INSURANCE (POST-TAX)			
☐ Option 1 - Short Term 14 Day Waiting Period & Long Term 180 Day Waiting Period	Click for ST Rates Click for LT Rates		\$
☐ Option 2 - Short Term 14 Day Waiting Period & Long Term 90 Day Waiting Period			
☐ Option 3 - Short Term 14 Day Waiting Period			\$
☐ Option 4 - Long Term 90 Day Waiting Period			\$
☐ Option 5 - Long Term 180 Day Waiting Period			\$
LEGAL SERVICES AND IDENTITY THEFT PROTECTION (POST-TAX)			
☐ LegalShield Family		\$ 9.45	\$
☐ IdentityShield Family		\$ 7.65	\$
☐ LegalShield with IdentityShield Family		\$ 17.10	\$
☐ IdentityShield Individual		\$ 4.05	\$
☐ LegalShield with IdentityShield Individual		\$ 13.50	\$
VOLUNTARY WORKSITE BENEFITS (POST-TAX)			
☐ Accident		Click for Rates	\$
☐ Critical Illness		Click for Rates	\$
☐ Hospital Indemnity		Click for Rates	\$
☐ Universal Life Insurance With Long Term Care		Click for Rates	\$
TOTAL COST PER PAY PERIOD \$			

PET INSURANCE (This benefit is administered through a direct bill program and is not deducted from payroll. Members are responsible for making payments directly to Pets Best). Visit Pets Best [website](#) to enroll and reference the referral/discount code: **CCPSPET**