LEAVE **MONTHLY** HEALTH RATES

JANUARY 1, 2027

AETNA	EMPLOYEE PAYS
PREMIER HMO	
Employee Only	**$ 1,204.28**
+ One Dependent	**2,524.74**
+ Family (2 or more Dependents)	**3,524.08**
PREMIER PLUS HMO	
Employee Only	**$ 1,394.26**
+ One Dependent	**2,908.20**
+ Family (2 or more Dependents)	**4,055.42**
PREMIER CHOICE HSA	
Employee Only	**$ 1,004.18**
+ One Dependent	**2,000.58**
+ Family (2 or more Dependents)	**2,844.88**

AETNA KIDS' PLANS

BASIC PLAN (AGES 5 –26)		ENHANCED PLAN (AGES 5 –26)	
One Child	**$ 874.42**	**One Child**	**$ 1,464.96**
Two Children	**1,748.96**	**Two Children**	**2,930.08**
Three or more Children	**2,623.40**	**Three or more Children**	**4,395.10**

LEAVE **MONTHLY** DENTAL/VISION RATES

JANUARY 1, 2027

DENTAL	AETNA	COMPBENEFITS (HUMANA)
BASIC DHMO PLAN		
Employee Only	$ 10.24	$ 6.48
+ One Dependent	17.22	11.18
+ Family (2 or more Dependents)	24.68	15.04
ENHANCED DHMO PLAN		
Employee Only	$ 12.16	$ 8.32
+ One Dependent	21.84	15.08
+ Family (2 or more Dependents)	30.36	20.28
BASIC PPO PLAN		
Employee Only	$ 41.48	$ 41.98
+ One Dependent	79.18	75.96
+ Family (2 or more Dependents)	120.38	113.64
ENHANCED PPO PLAN		
Employee Only	$ 53.86	$ 49.80
+ One Dependent	106.28	95.44
+ Family (2 or more Dependents)	174.68	149.28

VISION	AETNA	COMPBENEFITS (HUMANA)
BASIC PLAN		
Employee Only	$ 3.38	$ 4.44
+ One Dependent	7.50	10.68
+ Family (2 or more Dependents)	12.90	18.34
ENHANCED PLAN		
Employee Only	$ 5.82	$ 6.72
+ One Dependent	12.88	16.16
+ Family (2 or more Dependents)	22.08	27.68

Health & Kids' Plans on Reverse Side