2027 Combined Fringe Full Time Rate Sheet

WIR	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	$2,501.25	$1,917.34	$4,032.29	$3,081.57	$3,513.40	$4,185.78
Combined Fringe ($982 x 2)	$2,060.00	$2,060.00	$2,060.00	$2,060.00	$2,060.00	$2,060.00
Salary Reduction with Combined Fringe	$441.25	($142.66)	$1,972.29	$1,021.57	$1,453.40	$2,125.78
Employee Only Plan	$0.00	$0.00	$125.86	$0.00	$18.60	$149.96
Employee Plus Chid(ren)	$527.20	$268.51	$1,389.56	$889.90	$1,086.83	$1,470.57
Salary Reduction without Combined Fringe	$527.20	$268.51	$1,515.42	$889.90	$1,105.43	$1,620.53
H.S.A. Contribution - EO	$210.43	$293.95				

NPR	Preferred Care Blue Blue Saver QHDHP - High Deduct.	Blue Select Plus QDHP - High Deduct.	Preferred Care Blue PPO	Blue Select Plus PPO	Blue Select Plus EPO	Blue Care HMO
Family Plan Premium	$2,501.25	$1,917.34	$4,032.29	$3,081.57	$3,513.40	$4,185.78
Combined Fringe ($932 x 2)	$1,960.00	$1,960.00	$1,960.00	$1,960.00	$1,960.00	$1,960.00
Salary Reduction with Combined Fringe	$541.25	($42.66)	$2,072.29	$1,121.57	$1,553.40	$2,225.78
Employee Only Plan	$0.00	$0.00	$175.86	$50.00	$68.60	$199.96
Employee Plus Chid(ren)	$577.20	$318.51	$1,439.56	$939.90	$1,136.83	$1,520.57
Salary Reduction without Combined Fringe	$577.20	$318.51	$1,615.42	$989.90	$1,205.43	$1,720.53
H.S.A. Contribution	$160.43	$243.95				

Carrying Plan
Name: _____
Employee ID: _____
Plan Selected: _____

Signature: _____

Spouse Name: _____
Employee ID: _____

Signature: _____