2027 Benefit Premiums
COBRA

Health

Cigna $1,750 Deductible EPO Health Plan		Monthly Premium
Employee	$	952.71
Employee + Spouse	$	1,995.67
Employee + Child(ren)	$	1,711.23
Family	$	3,323.05

Cigna $3,050 Deductible EPO Health Plan		Monthly Premium
Employee	$	889.89
Employee + Spouse	$	1,863.86
Employee + Child(ren)	$	1,598.24
Family	$	3,103.49

Cigna High Deductible Core Health Plan		Monthly Premium
Employee	$	825.67
Employee + Spouse	$	1,731.32
Employee + Child(ren)	$	1,484.66
Family	$	2,882.41

Cigna High Deductible HSA Plus Health Plan		Monthly Premium
Employee	$	751.71
Employee + Spouse	$	1,573.92
Employee + Child(ren)	$	1,349.69
Family	$	2,620.37

Dental

SunLife Dental - Base		Monthly Premium
Individual	$	31.62
Individual + Spouse	$	66.41
Individual + Child(ren)	$	56.94
Family	$	94.27

SunLife Dental - Buy-Up		Monthly Premium
Employee	$	38.44
Employee + Spouse	$	80.76
Employee + Child(ren)	$	69.24
Family	$	114.64

Vision

VSP Vision - Base		Monthly Premium
Individual	$	7.20
Individual + Spouse	$	14.12
Individual + Child(ren)	$	15.42
Family	$	24.64

VSP Vision - Buy-Up		Monthly Premium
Individual	$	24.07
Individual + Spouse	$	51.98
Individual + Child(ren)	$	55.90
Family	$	91.63

All benefits premiums for COBRA participants include a 2% administration fee.