2027 Per Pay Deductions

(24 pays/year)

Medical Plan Rates

	PPO $400		HDHP $2000
	With Wellness	Without Wellness	
Salary <$40,000			
Single	$104.35	$115.93	$25.03
Parent & Child	$300.97	$324.13	$139.01
Parent and Children	$349.66	$372.81	$174.02
Employee & Spouse	$407.07	$430.23	$213.83
Family	$447.07	$470.24	$249.92
Salary $40,001 < $62,000			
Single	$107.07	$118.96	$25.69
Parent & Child	$308.84	$332.60	$142.65
Parent and Children	$358.80	$382.56	$178.57
Employee & Spouse	$417.71	$441.48	$219.42
Family	$458.76	$482.53	$256.46
Salary $62,001 < $99,999			
Single	$110.99	$123.31	$26.63
Parent & Child	$320.14	$344.77	$147.87
Parent and Children	$371.93	$396.56	$185.11
Employee & Spouse	$432.99	$457.63	$227.45
Family	$475.54	$500.19	$265.84
Salary $100,000 < $199,999			
Single	$118.93	$132.13	$28.53
Parent & Child	$343.02	$369.42	$158.44
Parent and Children	$398.51	$424.91	$198.34
Employee & Spouse	$463.95	$490.34	$243.71
Family	$509.54	$535.94	$284.84
Salary $200,000 or greater			
Single	$132.61	$147.33	$31.81
Parent & Child	$382.49	$411.92	$176.67
Parent and Children	$444.36	$473.79	$221.16
Employee & Spouse	$517.32	$546.75	$271.74
Family	$568.16	$597.60	$317.61

Dental Plan Rates

Tier	Basic Plan	Enhanced Plan
Employee Only	$11.17	$16.36
Employee + 1	$23.56	$34.52
Family	$29.97	$43.81

Vision Plan Rates

Tier	NVA Plan
Employee Only	$2.87
Employee + 1	$5.45
Family	$7.45