

Pay for All Employees

FY2027 BI-WEEKLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2026 - June 30, 2027

Full-time Employee (30 - 40 hours per week)

Employer Medical (No HSA): \$660.37 **Employer Dental: \$13.38**

Employer Medical (HSA Single): \$639.54 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$618.71 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$35.37	\$107.52	\$60.94	\$96.32	\$131.77	\$176.55
Traditional	\$54.00	\$167.40	\$93.11	\$149.81	\$205.54	\$275.90
High Deductible	\$0.00	\$26.08	\$9.00	\$22.04	\$34.86	\$51.05
Dental	\$6.04	\$19.36	\$18.78	\$37.38	\$32.09	\$54.70

Part-time Employee (20 - 29.9 hours per week)

Employer Medical (No HSA): \$528.30 **Employer Dental: \$10.70**

Employer Medical (HSA Single): \$507.47 and \$20.83 HSA Contribution

Employer Medical (HSA Family): \$486.64 and \$41.66 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$81.76	\$248.56	\$140.87	\$222.66	\$304.61	\$408.13
Traditional	\$124.84	\$386.99	\$215.24	\$346.31	\$475.15	\$637.79
High Deductible	\$18.25	\$78.53	\$39.06	\$69.20	\$98.83	\$136.26
Dental	\$6.89	\$22.08	\$21.42	\$42.64	\$36.61	\$62.40