

Pay for All Employees

FY2027 MONTHLY 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): \$1,320.74 Employer Dental: \$26.76

Employer Medical (HSA Single): \$1,279.08 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,237.42 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$70.74	\$215.04	\$121.88	\$192.64	\$263.54	\$353.10
Traditional	\$108.00	\$334.80	\$186.22	\$299.62	\$411.08	\$551.80
High Deductible	\$0.00	\$52.16	\$18.00	\$44.08	\$69.72	\$102.10
Dental	\$12.08	\$38.72	\$37.56	\$74.76	\$64.18	\$109.40

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

Employer Medical (No HSA): \$1,056.60 Employer Dental: \$21.40

Employer Medical (HSA Single): \$1,014.94 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$973.28 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$163.52	\$497.12	\$281.74	\$445.32	\$609.22	\$816.26
Traditional	\$249.68	\$773.98	\$430.48	\$692.62	\$950.30	\$1,275.58
High Deductible	\$36.50	\$157.06	\$78.12	\$138.40	\$197.66	\$272.52
Dental	\$13.78	\$44.16	\$42.84	\$85.28	\$73.22	\$124.80