2027 Health, Dental, Vision and Accident Plan Premiums

(Effective January 1, 2027)

Choice Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	$140.00	$70.00	$346.00	$173.00
IYC Plan without Dental	$135.00	$67.50	$335.00	$167.50
Access with Dental	$373.00	$186.50	$925.00	$462.50
Access without Dental	$368.00	$184.00	$914.00	$457.00
Access with Dental (required to work out of state)	$214.00	$107.00	$536.00	$268.00
Access without Dental (required to work out of state)	$209.00	$104.50	$525.00	$262.50

High-Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	$52.00	$26.00	$128.00	$64.00
HDHP Plan without Dental	$47.00	$23.50	$117.00	$58.50
HDHP Access with Dental	$285.00	$142.50	$707.00	$353.50
HDHP Access without Dental	$280.00	$140.00	$696.00	$348.00
HDHP Access with Dental (required to work out of state)	$126.00	$63.00	$318.00	$159.00
HDHP Access without Dental (required to work out of state)	$121.00	$60.50	$307.00	$153.50

2027 Premiums	Employee (monthly)	Employee (biweekly)	Employee + Spouse (monthly)	Employee + Spouse (biweekly)	Employee + Child(ren) (monthly)	Employee + Child(ren) (biweekly)	Family (monthly)	Family (biweekly)
Delta Dental PPO – Select Plan	$9.08	$4.54	$18.16	$9.08	$12.24	$6.12	$21.76	$10.88
Delta Dental PPO – Select Plus Plan	$23.08	$11.54	$46.16	$23.08	$42.90	$21.45	$70.78	$35.39
Delta Dental – Preventive (no health)	$38.48	$19.24	n/a	n/a	n/a	n/a	$96.24	$48.12
MetLife Superior Vision	$4.72	$2.36	$9.40	$4.70	$10.60	$5.30	$16.94	$8.47
Accident Plan	$3.92	$1.96	$5.58	$2.79	$7.52	$3.76	$10.98	$5.49