



total rewards

2026 vs. 2027 PREMIUM SHARE RATES

Medical/Rx Insurance

	Employee Cost per Month		Change
	2026	2027	
Deductible Plan (Aetna/AffirmedRx)			
Employee Only	\$106.74	\$114.80	\$8.06
Employee & Spouse/Partner	\$446.38	\$480.16	\$33.78
Employee & Child(ren)	\$394.54	\$424.40	\$29.86
Couple & Child(ren)	\$615.48	\$662.04	\$46.56
High-Deductible Plan (Aetna/AffirmedRx)			
Employee Only	\$40.90	\$44.00	\$3.10
Employee & Spouse/Partner	\$182.06	\$195.84	\$13.78
Employee & Child(ren)	\$160.88	\$173.04	\$12.16
Couple & Child(ren)	\$250.94	\$269.92	\$18.98
HMO (Kaiser Permanente)			
Employee Only	\$71.84	\$73.28	\$1.44
Employee & Spouse/Partner	\$301.70	\$307.70	\$6.00
Employee & Child(ren)	\$282.26	\$287.84	\$5.58
Couple & Child(ren)	\$434.18	\$442.82	\$8.64

Dental and Vision Insurance

	Employee Cost per Month		Change
	2026	2027	
Legacy & Core (Delta Dental)			
Employee Only	\$3.18	\$3.24	\$0.06
Employee & Spouse/Partner	\$19.04	\$19.42	\$0.38
Employee & Child(ren)	\$16.20	\$16.50	\$0.30
Couple & Child(ren)	\$26.20	\$26.70	\$0.50
Enhanced (Delta Dental)			
Employee Only	\$25.52	\$26.00	\$0.48
Employee & Spouse/Partner	\$63.74	\$64.94	\$1.20
Employee & Child(ren)	\$54.18	\$55.18	\$1.00
Couple & Child(ren)	\$87.66	\$89.30	\$1.64
Core Vision (VSP)			
Employee Only	\$1.34	\$1.42	\$0.08
Employee & Spouse/Partner	\$4.12	\$4.36	\$0.24
Employee & Child(ren)	\$4.38	\$4.64	\$0.26
Couple & Child(ren)	\$6.92	\$7.32	\$0.40
Vision Enhanced (VSP)			
Employee Only	\$5.98	\$6.34	\$0.36
Employee & Spouse/Partner	\$13.44	\$14.22	\$0.78
Employee & Child(ren)	\$14.34	\$15.20	\$0.86
Couple & Child(ren)	\$22.82	\$24.18	\$1.36