



total rewards

2027 MEDICAL/DENTAL/VISION PREMIUM SHARE RATES

Medical/Rx Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Deductible Plan (Aetna/AffirmedRx)					
Employee Only	\$114.80	\$57.40	\$1,160.78	\$580.39	\$1,275.58
Employee & Spouse/Partner	\$480.16	\$240.08	\$2,047.00	\$1,023.50	\$2,527.16
Employee & Child(ren)	\$424.40	\$212.20	\$1,809.22	\$904.61	\$2,233.62
Couple & Child(ren)	\$662.04	\$331.02	\$2,822.40	\$1,411.20	\$3,484.44
High Deductible Health Plan (Aetna/AffirmedRx)					
Employee Only	\$44.00	\$22.00	\$1,055.84	\$527.92	\$1,099.84
Employee & Spouse/Partner	\$195.84	\$97.92	\$1,980.06	\$990.03	\$2,175.90
Employee & Child(ren)	\$173.04	\$86.52	\$1,749.52	\$874.76	\$1,922.56
Couple & Child(ren)	\$269.92	\$134.96	\$2,729.24	\$1,364.62	\$2,999.16
HMO (Kaiser Permanente Plan)					
Employee Only	\$73.28	\$36.64	\$740.72	\$370.36	\$814.00
Employee & Spouse/Partner	\$307.70	\$153.85	\$1,311.74	\$655.87	\$1,619.44
Employee & Child(ren)	\$287.84	\$143.92	\$1,227.13	\$613.56	\$1,514.97
Couple & Child(ren)	\$442.82	\$221.41	\$1,887.74	\$943.87	\$2,330.56

* HDHP members will receive a \$500 (employee only coverage) or \$1,000 (employee & family coverage) HSA contribution if they elect to participate in the HSA program.

Dental Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
Delta Dental WA Legacy					
Employee Only	\$3.24	\$1.62	\$61.48	\$30.74	\$64.72
Employee & Spouse/Partner	\$19.42	\$9.71	\$110.00	\$55.00	\$129.42
Employee & Child(ren)	\$16.50	\$8.25	\$93.52	\$46.76	\$110.02
Couple & Child(ren)	\$26.70	\$13.35	\$151.24	\$75.62	\$177.94
Delta Dental WA Core					
Employee Only	\$3.24	\$1.62	\$61.48	\$30.74	\$64.72
Employee & Spouse/Partner	\$19.42	\$9.71	\$110.00	\$55.00	\$129.42
Employee & Child(ren)	\$16.50	\$8.25	\$93.52	\$46.76	\$110.02
Couple & Child(ren)	\$26.70	\$13.35	\$151.24	\$75.62	\$177.94
Delta Dental WA Enhanced					
Employee Only	\$26.00	\$13.00	\$61.48	\$30.74	\$87.48
Employee & Spouse/Partner	\$64.94	\$32.47	\$110.00	\$55.00	\$174.94
Employee & Child(ren)	\$55.18	\$27.59	\$93.52	\$46.76	\$148.70
Couple & Child(ren)	\$89.30	\$44.65	\$151.24	\$75.62	\$240.54

Vision Insurance

	Employee Cost per Month	Employee Cost per Pay Period	Port Cost per Month	Port Cost per Pay Period	Total Cost per Month
VSP Core					
Employee Only	\$1.42	\$0.71	\$6.96	\$3.48	\$8.38
Employee & Spouse/Partner	\$4.36	\$2.18	\$11.76	\$5.88	\$16.12
Employee & Child(ren)	\$4.64	\$2.32	\$12.54	\$6.27	\$17.18
Couple & Child(ren)	\$7.32	\$3.66	\$19.78	\$9.89	\$27.10
VSP Enhanced					
Employee Only	\$6.34	\$3.17	\$6.96	\$3.48	\$13.30
Employee & Spouse/Partner	\$14.22	\$7.11	\$11.76	\$5.88	\$25.98
Employee & Child(ren)	\$15.20	\$7.60	\$12.54	\$6.27	\$27.74
Couple & Child(ren)	\$24.18	\$12.09	\$19.78	\$9.89	\$43.96