

JULY 1, 2026 - JUNE 30, 2027, INSURANCE RATES

MEDICAL & PRESCRIPTION: Meritain Health (An Aetna Company) & OptumRx

Annual Salary ↓	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
Employee Premium - Semi-monthly 24 pays*				
< \$30,000	\$34.18	\$90.83	\$127.78	\$170.41
\$30,000 - \$34,999	\$37.43	\$99.48	\$139.94	\$186.64
\$35,000 - \$39,999	\$41.50	\$110.29	\$155.16	\$206.93
\$40,000 - \$44,999	\$46.38	\$123.27	\$173.41	\$231.27
\$45,000 - \$49,999	\$51.27	\$136.24	\$191.67	\$255.62
\$50,000 - \$59,999	\$61.03	\$162.19	\$228.17	\$304.30
\$60,000 - \$69,999	\$70.80	\$188.14	\$264.68	\$352.99
\$70,000 - \$89,999	\$80.56	\$214.09	\$301.18	\$401.68
\$90,000 - \$109,999	\$85.45	\$227.07	\$319.44	\$426.02
>= \$110,000	\$90.33	\$240.04	\$337.69	\$450.36
Employee Premium - Non-12 month 17 pays				
< \$30,000	\$48.25	\$128.23	\$180.39	\$240.58
\$30,000 - \$34,999	\$52.85	\$140.44	\$197.57	\$263.49
\$35,000 - \$39,999	\$58.59	\$155.71	\$219.05	\$292.13
\$40,000 - \$44,999	\$65.48	\$174.02	\$244.81	\$326.50
\$45,000 - \$49,999	\$72.38	\$192.34	\$270.59	\$360.87
\$50,000 - \$59,999	\$86.16	\$228.97	\$322.12	\$429.60
\$60,000 - \$69,999	\$99.95	\$265.61	\$373.66	\$498.34
\$70,000 - \$89,999	\$113.74	\$302.25	\$425.20	\$567.07
\$90,000 - \$109,999	\$120.63	\$320.57	\$450.97	\$601.44
>= \$110,000	\$127.52	\$338.88	\$476.74	\$635.81

Employee Premium	Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
<b style="color: blue;">DENTAL United Concordia (Concordia Select) Low Option	Semi-monthly 24 pays*	\$10.33	\$20.95
	Non-12 month 17 pays	\$14.59	\$29.57
<b style="color: blue;">DENTAL United Concordia (Concordia Choice) High Option	Semi-monthly 24 pays*	\$11.36	\$23.86
	Non-12 month 17 pays	\$16.04	\$33.68
<b style="color: blue;">VISION Vision Benefits of America	Semi-monthly 24 pays*	\$1.53	\$3.56
	Non-12 month 17 pays	\$2.16	\$5.03

** Premiums will be deducted from the first two pay dates each month for biweekly paid employees.*