FY27 ACTIVE EMPLOYEE RATES

	MEDICAL				DENTAL				VISION
Per Month	EPO	PPO	Consumer Choice	HDHP with HSA	DHMO	Base PPO	High PPO	Preventive Only	Davis Vision
Emp only	$173.00	$42.00	$0.00	$0.00	$11.94	$24.12	$37.70	$13.44	$4.12
Emp + 1 adult	$808.00	$401.00	$270.00	$251.00	$19.18	$45.88	$75.34	$26.86	$7.80
Emp + 1 child	$372.00	$118.00	$37.00	$19.00	$19.18	$45.88	$75.34	$26.86	$7.80
Emp + 2 or more children	$646.00	$278.00	$163.00	$146.00	$25.70	$75.54	$117.90	$37.18	$8.64
Emp + 1 adult + 1 child	$1,113.00	$592.00	$419.00	$401.00	$25.70	$75.54	$117.90	$37.18	$9.26
Emp + 1 adult + 2 or more children	$1,404.00	$771.00	$566.00	$545.00	$30.10	$97.30	$155.60	$53.76	$11.94

Per Pay Period	EPO	PPO	Consumer Choice	HDHP with HSA	DHMO	Base PPO	High PPO	Preventive Only	Davis Vision
Emp only	$86.50	$21.00	$0.00	$0.00	$5.97	$12.06	$18.85	$6.72	$2.06
Emp + 1 adult	$404.00	$200.50	$135.00	$125.50	$9.59	$22.94	$37.67	$13.43	$3.90
Emp + 1 child	$186.00	$59.00	$18.50	$9.50	$9.59	$22.94	$37.67	$13.43	$3.90
Emp + 2 or more children	$323.00	$139.00	$81.50	$73.00	$12.85	$37.77	$58.95	$18.59	$4.32
Emp + 1 adult + 1 child	$556.50	$296.00	$209.50	$200.50	$12.85	$37.77	$58.95	$18.59	$4.63
Emp + 1 adult + 2 or more children	$702.00	$385.50	$283.00	$272.50	$15.05	$48.65	$77.80	$26.88	$5.97