| 2027 Benefit Plan Year January 1 through December 31 | | | |
|---|---|---|---|
| **Plan** | **EE Monthly** | **Acadia Monthly** | **Full Monthly Premium** |
| **EPO** | | | |
| Employee Only | $190.00 | $1,205.19 | $1,395.19 |
| Employee + Spouse | $571.00 | $2,466.76 | $3,037.76 |
| Employee + Child(ren) | $517.00 | $2,234.48 | $2,751.48 |
| Employee + Family | $815.00 | $3,527.37 | $4,342.37 |
| **PPO** | | | |
| Employee Only | $303.00 | $1,205.19 | $1,508.19 |
| Employee + Spouse | $700.00 | $2,466.60 | $3,166.60 |
| Employee + Child(ren) | $631.00 | $2,234.58 | $2,865.58 |
| Employee + Family | $996.00 | $3,527.55 | $4,523.55 |
| **Cigna Choice Fund with HSA** | | | |
| Employee Only | $265.00 | $1,066.44 | $1,331.44 |
| Employee + Spouse | $616.00 | $2,180.65 | $2,796.65 |
| Employee + Child(ren) | $556.00 | $1,971.58 | $2,527.58 |
| Employee + Family | $879.00 | $3,115.05 | $3,994.05 |
| **CIGNA Dental High Plan** | | | |
| Employee Only | $10.00 | $54.74 | $64.74 |
| Employee + Spouse | $28.00 | $102.50 | $130.50 |
| Employee + Child(ren) | $30.00 | $109.98 | $139.98 |
| Employee + Family | $47.00 | $172.67 | $219.67 |
| **CIGNA Dental Low Plan** | | | |
| Employee Only | $0.00 | $44.03 | $44.03 |
| Employee + Spouse | $18.00 | $70.74 | $88.74 |
| Employee + Child(ren) | $20.00 | $75.19 | $95.19 |
| Employee + Family | $32.00 | $117.37 | $149.37 |
| **VSP Vision** | | | |
| Employee Only | $0.00 | $9.14 | $9.14 |
| Employee + Spouse | $2.50 | $13.18 | $15.68 |
| Employee + Child(ren) | $2.50 | $13.48 | $15.98 |
| Employee + Family | $4.25 | $18.93 | $23.18 |