

2027 Employee Monthly Premium Contributions**						
Benefit Tier	**EPO**	**PPO**	**HDHP with HSA**	**Dental Low**	**Dental High**	**Vision**
Employee Only	$190.00	$303.00	$265.00	$0.00	$10.00	$0.00
Employee + Spouse	$571.00	$700.00	$616.00	$18.00	$28.00	$2.50
Employee + Child(ren)	$517.00	$631.00	$556.00	$20.00	$30.00	$2.50
Employee + Family	$815.00	$996.00	$879.00	$32.00	$47.00	$4.25

***Actual premiums may differ slightly due to rounding. Please contact Benefits@acadia-pharm.com for more information.*