

Active Employee Cost - Calendar Year 2027

LEAVE RATE SCHEDULE

100% ACTIVE EMPLOYEE RATE

Effective January 1, 2027

		Component Cost	
		MONTHLY	ANNUAL
Cigna OAP	Individual	889.46	10,673.52
	Individual + Spouse	1,778.86	21,346.32
	Individual + Child	1,778.86	21,346.32
	Family (Individual + Spouse + Child(ren))	2,420.36	29,044.32
	Family (Individual + Children)	2,420.36	29,044.32
Cigna OAP w/o Care Management	Individual	918.12	11,017.44
	Individual + Spouse	1,836.18	22,034.16
	Individual + Child	1,836.18	22,034.16
	Family (Individual + Spouse + Child(ren))	2,498.35	29,980.20
	Family (Individual + Children)	2,498.35	29,980.20
Cigna OAPIN	Individual	655.75	7,869.00
	Individual + Spouse	1,232.49	14,789.88
	Individual + Child	1,232.49	14,789.88
	Family (Individual + Spouse + Child(ren))	2,019.24	24,230.88
	Family (Individual + Children)	2,019.24	24,230.88
Cigna OAPIN w/o Care Management	Individual	676.27	8,115.24
	Individual + Spouse	1,271.06	15,252.72
	Individual + Child	1,271.06	15,252.72
	Family (Individual + Spouse + Child(ren))	2,082.43	24,989.16
	Family (Individual + Children)	2,082.43	24,989.16
Kaiser Permanente HMO	Individual	807.26	9,687.12
	Individual + Spouse	1,611.05	19,332.60
	Individual + Child	1,611.05	19,332.60
	Family (Individual + Spouse + Child(ren))	2,334.43	28,013.16
	Family (Individual + Children)	2,334.43	28,013.16
Caremark Prescription	Individual	267.70	3,212.40
	Individual + Spouse	534.85	6,418.20
	Individual + Child	534.85	6,418.20
	Family (Individual + Spouse + Child(ren))	660.03	7,920.36
	Family (Individual + Children)	660.03	7,920.36
Kaiser Permanente Prescription	Individual	102.50	1,230.00
	Individual + Spouse	204.56	2,454.72
	Individual + Child	204.56	2,454.72
	Family (Individual + Spouse + Child(ren))	296.41	3,556.92
	Family (Individual + Children)	296.41	3,556.92
CareFirst PPO Dental	Individual	40.45	485.40
	Individual + Spouse	80.94	971.28
	Individual + Child	80.94	971.28
	Family (Individual + Spouse + Child(ren))	118.90	1,426.80
	Family (Individual + Children)	118.90	1,426.80
Aetna DMO Dental	Individual	21.87	262.44
	Individual + Spouse	43.77	525.24
	Individual + Child	43.77	525.24
	Family (Individual + Spouse + Child(ren))	64.33	771.96
	Family (Individual + Children)	64.33	771.96
Davis Vision	Individual	2.13	25.56
	Individual + Spouse	3.92	47.04
	Individual + Child	3.92	47.04
	Family (Individual + Spouse + Child(ren))	4.97	59.64
	Family (Individual + Children)	4.97	59.64