Overview of Benefit Contributions

Contributions Effective January 1, 2027, per Pay Period

Cigna Medical Premiums

Coverage Level	Traditional Plan	HDHP 3500	HDHP 4500
Employee Only	$86.78	$71.38	$55.72
Employee + Spouse	$220.88	$176.51	$141.02
Employee + Child(ren)	$184.24	$147.24	$116.27
Family	$292.30	$233.53	$184.90

Delta Dental Premiums

Coverage Level	Standard Low Plan	Premier High Plan
Employee Only	$13.47	$19.72
Employee + Spouse	$28.62	$41.92
Employee + Child(ren)	$29.20	$39.54
Family	$44.70	$61.92

VSP Vision Premiums

Coverage Level	26 Biweekly Pay Periods
Employee Only	$5.40
Employee + Spouse	$10.79
Employee + Child(ren)	$11.55
Family	$12.64

Life/AD&D/Short & Long-Term Disability

Coverage Level	26 Biweekly Pay Periods
Basic Life/AD&D (1x salary)	**No cost to eligible employee**
Short-Term Disability	**No cost to eligible employee**
Long-Term Disability	**No cost to eligible employee**
Voluntary Life/AD&D	Employee pays 100% of cost
Critical Illness/Accident	Employee pays 100% of cost

This booklet provides only a summary of your benefits. All services described within are subject to the definitions, limitations, and exclusions set forth in each insurance carrier or provider's contract.