BENEFIT PLAN MONTHLY RATES
January 1, 2027 - December 31, 2027
Active Employees

Highmark Passive PPO (formerly Comp80)	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$0.00	$0.00	$0.00	$0.00
Employer Contribution (100%)	$1,165.14	$2,059.93	$1,745.36	$3,260.06
Total Monthly Premium	$1,165.14	$2,059.93	$1,745.36	$3,260.06

Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$157.72	$279.64	$236.58	$441.62
Employer Contribution (90%)	$1,419.46	$2,516.74	$2,129.22	$3,974.54
Total Monthly Premium	$1,577.18	$2,796.38	$2,365.80	$4,416.16

Highmark EPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$154.67	$274.22	$232.00	$433.07
Employer Contribution (90%)	$1,392.03	$2,468.03	$2,087.98	$3,897.60
Total Monthly Premium	$1,546.70	$2,742.25	$2,319.98	$4,330.67

Aetna Select	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$127.02	$224.82	$190.53	$355.65
Employer Contribution (90%)	$1,143.18	$2,023.40	$1,714.75	$3,200.87
Total Monthly Premium	$1,270.20	$2,248.22	$1,905.28	$3,556.52

Aetna PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$153.45	$272.07	$230.18	$429.66
Employer Contribution (90%)	$1,381.04	$2,448.62	$2,071.59	$3,866.97
Total Monthly Premium	$1,534.49	$2,720.69	$2,301.77	$4,296.63

Aetna High-Deductible	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$0.00	$0.00	$0.00	$0.00
Employer Contribution (100%)	$1,201.05	$2,144.06	$1,823.86	$3,435.29
Total Monthly Premium	$1,201.05	$2,144.06	$1,823.86	$3,435.29

Dental Plans	Employee	Employee + 1	Family
MetLife Low	$31.48	$59.64	$89.77
MetLife Medium	$42.34	$80.29	$120.86
MetLife High	$51.92	$98.47	$148.24
Dominion Select DHMO Plan	$26.35	N/A	$62.14

EyeMed	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$8.43	$15.34	$16.10	$24.82

Note: Participating in the Wellness Program (90% - 10% Cost Share - PPO ONLY)