BENEFIT PLAN MONTHLY RATES
Post 65 Retirees / Retirees Spouse/Survivors
January 1, 2027 - December 31, 2027

	Classic w/Medium Rx			Classic w/High Rx		
	Retiree	Retiree/Spouse	Survivor	Retiree	Retiree/Spouse	Survivor
Retiree Contribution	$0.00	$0.00	$156.94	$68.59	$137.18	$225.53
Employer Contribution	$156.94	$313.88	$0.00	$156.94	$313.88	$0.00
Total	$156.94	$313.88	$156.94	$225.53	$451.06	$225.53

	Preferred w/Medium Rx			Preferred w/High Rx		
	Retiree	Retiree/Spouse	Survivor	Retiree	Retiree/Spouse	Survivor
Retiree Contribution	$80.87	$161.74	$237.81	$149.46	$298.92	$306.40
Employer Contribution	$156.94	$313.88	$0.00	$156.94	$313.88	$0.00
Total	$237.81	$475.62	$237.81	$306.40	$612.80	$306.40

Dental Plans			
	Individual	Retiree + One	Family
Dominion HMO	$26.35	N/A	$62.14
MetLife Low	$31.48	$59.64	$89.77
MetLife Medium	$42.34	$80.29	$120.86
MetLife High	$51.92	$98.47	$148.24

EyeMed				
	Individual	Retiree + Spouse	Retiree + Child(ren)	Family
EyeMed	$8.43	$15.34	$16.10	$24.82