Benefit Plan Monthly Rates

January 1, 2027 – December 31, 2027

Pre 65 Retirees

Highmark Passive PPO (formerly Comp 80)				
	Individual	**Retiree +Spouse**	**Retiree +Child(ren)**	**Family**
Retiree Contribution	$0.00	$894.79	$580.22	$2,094.92
Employer Contribution	$1,165.14	$1,165.14	$1,165.14	$1,165.14
Total Monthly Premium	$1,165.14	$2,059.93	$1,745.36	$3,260.06

Highmark PPO				
	Individual	**Retiree +Spouse**	**Retiree +Child(ren)**	**Family**
Retiree Contribution	$412.04	$1,630.24	$1,200.66	$3,251.02
Employer Contribution	$1,165.14	$1,165.14	$1,165.14	$1,165.14
Total Monthly Premium	$1,577.18	$2,795.38	$2,365.80	$4,416.16

Highmark EPO				
	Individual	**Retiree +Spouse**	**Retiree +Child(ren)**	**Family**
Retiree Contribution	$381.56	$1,577.11	$1,154.84	$3,165.53
Employer Contribution	$1,165.14	$1,165.14	$1,165.14	$1,165.14
Total Monthly Premium	$1,546.70	$2,742.25	$2,319.98	$4,330.67

Aetna Select				
	Individual	**Retiree +Spouse**	**Retiree +Child(ren)**	**Family**
Retiree Contribution	$105.06	$1,083.08	$740.14	$2,391.38
Employer Contribution	$1,165.14	$1,165.14	$1,165.14	$1,165.14
Total Monthly Premium	$1,270.20	$2,248.22	$1,905.28	$3,556.52

Aetna PPO				
	Individual	**Retiree +Spouse**	**Retiree +Child(ren)**	**Family**
Retiree Contribution	$369.35	$1,555.55	$1,136.63	$3,131.49
Employer Contribution	$1,165.14	$1,165.14	$1,165.14	$1,165.14
Total Monthly Premium	$1,534.49	$2,720.69	$2,301.77	$4,296.63

Dental Plans			
	Retiree	**Retiree + One**	**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				
	Individual	**Retiree + Spouse**	**Retiree + Child(ren)**	**Family**
Retiree Contribution	$8.43	$15.34	$16.10	$24.82