

Pay for All Employees

FY2027 MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2026 - June 30, 2027

Full-time Employee (30 - 40 hours per week)

Employer Medical (No HSA): \$1,320.74

Employer Dental: \$26.76

Employer Medical (HSA Single): \$1,279.08 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,237.42 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$70.74	\$215.04	\$121.88	\$192.64	\$263.54	\$353.10
Traditional	\$108.00	\$334.80	\$186.22	\$299.62	\$411.08	\$551.80
High Deductible	\$0.00	\$52.16	\$18.00	\$44.08	\$69.72	\$102.10
Dental	\$12.08	\$38.72	\$37.56	\$74.76	\$64.18	\$109.40