



2027 Annual Enrollment

Employee Benefit Contributions

For Benefits-Eligible Employees Only

Bi-weekly contributions deducted from 24 of 26 paychecks

Medical

Coverage Option	Geographic Location	Annual Salary	Bi-Weekly Contributions		
			EE Only	EE + 1	EE + Family
Anthem PPO	All	up to \$59,999	\$105.00	\$217.50	\$342.50
		\$60,000 - \$119,999	\$117.50	\$240.00	\$375.00
		\$120,000 and over	\$137.50	\$275.00	\$425.00
Anthem EPO	All except CA, Western NY & WI	up to \$59,999	\$102.50	\$217.50	\$330.00
		\$60,000 - \$119,999	\$115.00	\$240.00	\$362.50
		\$120,000 and over	\$135.00	\$275.00	\$412.50
Anthem HDHP	All	up to \$59,999	\$37.50	\$80.00	\$112.50
		\$60,000 - \$119,999	\$50.00	\$102.50	\$145.00
		\$120,000 and over	\$70.00	\$137.50	\$195.00
HMO - Kaiser	CA	up to \$59,999	\$70.00	\$145.00	\$205.00
		\$60,000 - \$119,999	\$82.50	\$167.50	\$237.50
		\$120,000 and over	\$102.50	\$202.50	\$287.50
HMO - Group Health	Middleton, Deforest	up to \$59,999	\$90.00	\$185.00	\$272.50
		\$60,000 - \$119,999	\$102.50	\$207.50	\$305.00
		\$120,000 and over	\$122.50	\$242.50	\$355.00
HMO - Independent Health	Western NY	up to \$59,999	\$100.00	\$200.00	\$312.50
		\$60,000 - \$119,999	\$112.50	\$222.50	\$345.00
		\$120,000 and over	\$132.50	\$257.50	\$395.00

*Rate will increase by **\$25** if you are a tobacco user.

*Rate will increase by **\$50** if you elect to cover your working spouse/domestic partner with access to coverage **through another employer**.

*Rate will increase by **\$75** if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.



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Dental

Coverage Option	Geographic Location	EE Only	Bi-Weekly Contributions	
			EE + 1	EE + Family
PPO - Delta Dental	All	\$10.75	\$26.00	\$37.75
DMO - DeltaCare	Most locations	\$4.00	\$9.50	\$20.00

Vision

Coverage Option	Geographic Location	EE Only	Bi-Weekly Contributions	
			EE + 1	EE + Family
Vision Service Plan	All	\$2.00	\$6.00	\$12.00