



2027 Annual Enrollment

Employee Benefit Contributions

For Benefits-Eligible Employees Only

Weekly contributions deducted from 52 of 52 paychecks

Medical

Coverage Option	Geographic Location	Annual Salary	EE Only	Weekly Contributions	
				EE + 1	EE + Family
Anthem PPO	All	up to \$59,999	\$48.46	\$100.38	\$158.08
		\$60,000 - \$119,999	\$54.23	\$110.77	\$173.08
		\$120,000 and over	\$63.46	\$126.92	\$196.15
Anthem EPO	All except CA, Western NY & WI	up to \$59,999	\$47.31	\$100.38	\$152.31
		\$60,000 - \$119,999	\$53.08	\$110.77	\$167.31
		\$120,000 and over	\$62.31	\$126.92	\$190.38
Anthem HDHP	All	up to \$59,999	\$17.31	\$36.92	\$51.92
		\$60,000 - \$119,999	\$23.08	\$47.31	\$66.92
		\$120,000 and over	\$32.31	\$63.46	\$90.00
HMO - Kaiser	CA	up to \$59,999	\$32.31	\$66.92	\$94.62
		\$60,000 - \$119,999	\$38.08	\$77.31	\$109.62
		\$120,000 and over	\$47.31	\$93.46	\$132.69
HMO - Group Health	Middleton, Deforest	up to \$59,999	\$41.54	\$85.38	\$125.77
		\$60,000 - \$119,999	\$47.31	\$95.77	\$140.77
		\$120,000 and over	\$56.54	\$111.92	\$163.85
HMO - Independent Health	Western NY	up to \$59,999	\$46.15	\$92.31	\$144.23
		\$60,000 - \$119,999	\$51.92	\$102.69	\$159.23
		\$120,000 and over	\$61.15	\$118.85	\$182.31

*Rate will increase by **\$11.54** if you are a tobacco user.

*Rate will increase by **\$23.08** if you elect to cover your working spouse/domestic partner with access to coverage **through another employer**.

*Rate will increase by **\$34.62** 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	Weekly Contributions	
			EE + 1	EE + Family
PPO - Delta Dental	All	\$4.96	\$12.00	\$17.42
DMO - DeltaCare	Most Locations	\$1.85	\$4.38	\$9.23

Vision

Coverage Option	Geographic Location	EE Only	Weekly Contributions	
			EE + 1	EE + Family
Vision Service Plan	All	\$0.92	\$2.77	\$5.54