

2027 RATES - ACTIVE EMPLOYEES

Bi-Weekly Employee Contributions

MEDICAL AND PRESCRIPTION

	KAISER MEDICAL AND PRESCRIPTION			CAREFIRST MEDICAL AND PRESCRIPTION			CAREFIRST MEDICAL[1]		
Active Employees with 0-8 Years of Service – 25% Contribution	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**
Employee Only	$117.19	$97.66	$90.15	$137.05	$114.21	$105.43	$98.67	$82.22	$75.90
Employee + Child(ren)	$234.38	$195.31	$180.29	$274.10	$228.42	$210.85	$197.34	$164.45	$151.80
Employee + Spouse	$246.09	$205.08	$189.30	$287.81	$239.84	$221.39	$207.21	$172.67	$159.39
Family	$304.69	$253.91	$234.38	$362.08	$301.74	$278.53	$261.03	$217.53	$200.80
Active Employees with 8+ Years of Service – 20% Contribution	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**
Employee Only	$93.75	$78.13	$72.12	$109.64	$91.37	$84.34	$78.93	$65.78	$60.72
Employee + Child(ren)	$187.50	$156.25	$144.24	$219.28	$182.74	$168.68	$157.87	$131.56	$121.44
Employee + Spouse	$196.88	$164.06	$151.44	$230.24	$191.87	$177.11	$165.76	$138.14	$127.51
Family	$243.75	$203.13	$187.50	$289.67	$241.39	$222.83	$208.83	$174.02	$160.64

Remember, for 10-month employees benefit deductions stop during July and August (July for 11-month employees); however, coverage remains effective.

DENTAL AND VISION

	AETNA DENTAL PPO			CAREFIRST VISION			CVS CAREMARK PRESCRIPTION[1]		
Active Employees with 0-8 Years of Service – 25% Contribution	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**
Employee Only	$7.58	$6.32	$5.83	$0.75	$0.63	$0.58	$38.38	$31.99	$29.53
Employee + Child(ren)	$15.16	$12.63	$11.66	$1.50	$1.25	$1.16	$76.76	$63.97	$59.05
Employee + Spouse	$15.92	$13.26	$12.24	$1.58	$1.31	$1.20	$80.60	$67.17	$62.00
Family	$21.97	$18.31	$16.91	$2.18	$1.81	$1.68	$101.05	$84.21	$77.73
Active Employees with 8+ Years of Service – 20% Contribution	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**	**10-Month (20 Pays)**	**11-Month (24 Pays)**	**12-Month (26 Pays)**
Employee Only	$6.06	$5.05	$4.66	$0.60	$0.50	$0.47	$30.71	$25.59	$23.62
Employee + Child(ren)	$12.12	$10.10	$9.33	$1.20	$1.00	$0.93	$61.41	$51.18	$47.24
Employee + Spouse	$12.74	$10.61	$9.80	$1.26	$1.05	$0.97	$64.48	$53.73	$49.60
Family	$17.58	$14.65	$13.53	$1.74	$1.45	$1.34	$80.84	$67.37	$62.19

Please note, the bi-weekly deduction amounts may vary slightly from the actual bi-weekly deductions due to rounding.

1. Prior to January 1, 2021, if you elected CareFirst medical without prescription (or vice versa) or elected different coverage levels for medical and prescription, you can continue your current election(s) at 2027 rates.