Bi-weekly Rates for 2027

Active Employees	Salary Band 1 < $45,000	Salary Band 2 $45,000 - $70,000	Salary Band 3 $70,000.01 - $100,000	Salary Band 4 > $100,000
Select Plan (EPO)	**Employee Per Pay Cost**			
Single	$112.32	$132.13	$146.70	$159.90
Employee + Spouse/DP	$269.55	$317.12	$352.06	$383.75
Employee + Child(ren)	$224.63	$264.27	$293.39	$319.80
Family	$393.10	$462.47	$513.43	$559.63
Enhanced HDHP Plan (HSA)	**Employee Per Pay Cost**			
Single	$43.61	$51.31	$56.96	$62.09
Employee + Spouse/DP	$104.67	$123.14	$136.71	$149.01
Employee + Child(ren)	$87.23	$102.62	$113.93	$124.18
Family	$152.64	$179.58	$199.37	$217.32
Basic HDHP Plan (HSA)	**Employee Per Pay Cost**			
Single	$23.53	$27.69	$30.74	$33.50
Employee + Spouse/DP	$56.48	$66.45	$73.77	$80.41
Employee + Child(ren)	$47.07	$55.37	$61.48	$67.01
Family	$82.37	$96.90	$107.58	$117.26