

The Cost of Your 2026-2027 Benefits

The tables below show the per paycheck employee cost for medical insurance.

Bi-Weekly Medical Rates <i>Available to All</i>				
	BlueCross BlueShield Gold HDHP Plan Group #: 451890		BlueCross BlueShield Silver PPO Plan Group #: PM4975	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$103.18	\$144.45	\$98.92	\$138.49
Employee + Spouse	\$482.60	\$675.64	\$450.28	\$630.39
Employee + Child(ren)	\$342.24	\$479.13	\$320.44	\$448.61
Family	\$597.21	\$836.09	\$559.63	\$783.48

Bi-Weekly Medical Rates <i>Available to All</i>				
	BlueCross BlueShield Bronze HDHP Plan Group #: PH3668			
	<i>Employees making \$13.99 or less per hour</i>		<i>Employees making \$14.00 or more per hour</i>	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee	\$44.12	\$61.77	\$77.32	\$108.24
Employee + Spouse	\$409.45	\$573.23	\$405.30	\$567.42
Employee + Child(ren)	\$288.53	\$403.94	\$279.85	\$391.78
Family	\$502.15	\$703.01	\$495.76	\$694.06

Bi-Weekly Medical Rates <i>Available to Illinois Residents Only</i>		
	BlueCross BlueShield HMO Group #: B00935	
	Non-Tobacco	Tobacco
Employee	\$74.02	\$103.63
Employee + Spouse	\$389.30	\$545.01
Employee + Child(ren)	\$263.19	\$368.47
Family	\$466.06	\$652.49

Bi-Weekly Medical Rates <i>Available to California, Georgia, Maryland, Oregon, Virginia, and Washington, D.C. Residents Only</i>				
	Kaiser Refer to Page 7 for Kaiser Group Numbers			
	CA	OR	GA	MD, VA, D.C.
Employee	\$89.36	\$89.36	\$80.97	\$78.19
Employee + Spouse	\$457.94	\$459.05	\$446.77	\$443.97
Employee + Child(ren)	\$323.90	\$325.03	\$323.90	\$307.16
Family	\$558.46	\$571.87	\$558.46	\$544.50

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The table below shows the per paycheck employee cost for the American Workers MEC Plus plan.

Bi-Weekly Medical Rates <i>Available to All</i>	
	American Worker MEC Plus Group #: MEC40431
Employee	\$58.92
Employee + Spouse	\$154.97
Employee + Child(ren)	\$181.15
Family	\$256.26

The tables below show the per paycheck employee cost for dental and vision insurance.

Bi-Weekly Dental and Vision Rates <i>Available to All</i>				
	Dental Gold	Dental Platinum	Standard Vision	Enhanced Vision
Employee	\$9.81	\$15.01	\$2.64	\$5.72
Employee + Spouse	\$20.61	\$31.52	\$4.23	\$9.18
Employee + Child(ren)	\$18.15	\$27.76	\$4.32	\$9.38
Family	\$28.92	\$42.01	\$6.96	\$15.11