2027 Employee Dental Plan Rates

Delta Dental

	26 Pay		20 Pay	
	Employee	*Employer*	*Employee*	*Employer*
Employee	$ 5.19	$ 14.99	$ 6.75	$ 19.49
Employee/Child(ren)	$ 9.41	$ 28.94	$ 12.23	$ 37.62
Employee/Spouse	$ 11.63	$ 28.73	$ 15.12	$ 37.36
Employee/Family	$ 16.15	$ 48.43	$ 21.00	$ 62.96

*Your share of the benefit premium will be deducted from your pay in equal amounts in the applicable pay periods in a program year. The College does not prorate benefit premium deductions.

2027 Retiree Plan Rates

Retirees pay for their coverage on a monthly basis. Retirees are billed by our billing vendor, Wex/Chard Snyder, and pay directly through the Wex/Chard Snyder portal. Payment is due the 1st of the month, and coverage is terminated if payment is not received within 30 days of the payment due date.

Retiree coverage ends at age 65 for both the retired and any dependents.

CDHP 1 - Consumer Driven Health Plan (CDHP)

	75 Plan Monthly Rate	Regular Retiree Monthly Rate
Retiree	$ 114.48	$ 1,034.13
Retiree/Child(ren)	$ 208.24	$ 1,863.60
Retiree/Spouse	$ 249.70	$ 2,272.91
Retiree/Family	$ 353.35	$ 3,296.21

CDHP 2 - Consumer Driven Health Plan (CDHP)

	75 Plan Monthly Rate	Regular Retiree Monthly Rate
Retiree	$ 139.33	$ 1,068.25
Retiree/Child(ren)	$ 252.95	$ 1,925.02
Retiree/Spouse	$ 304.35	$ 2,347.98
Retiree/Family	$ 432.85	$ 3,405.40

PPO - Health Plan

	75 Plan Monthly Rate	Regular Retiree Monthly Rate
Retiree	$ 303.35	$ 1,093.70
Retiree/Child(ren)	$ 550.36	$ 1,972.99
Retiree/Spouse	$ 663.04	$ 2,401.80
Retiree/Family	$ 955.50	$ 3,484.61

Delta Dental

	75 Plan Monthly Rate	Regular Retiree Monthly Rate
Retiree	$ 11.25	$ 43.73
Retiree/Child(ren)	$ 20.39	$ 83.08
Retiree/Spouse	$ 25.19	$ 87.45
Retiree/Family	$ 35.00	$ 139.93

2027 COBRA Rates

Monthly Premiums below include 2% Administrative Fee

CDHP 1 - Consumer Driven Health Plan (CDHP)

Employee or Participant	$ 1,054.81
Employee/Child(ren)	$ 1,900.87
Employee/Spouse	$ 2,318.37
Employee/Family	$ 3,362.13

CDHP 2 - Consumer Driven Health Plan (CDHP)

Employee or Participant	$ 1,089.62
Employee/Child(ren)	$ 1,963.52
Employee/Spouse	$ 2,394.94
Employee/Family	$ 3,473.51

PPO - Health Plan

Employee or Participant	$ 1,115.57
Employee/Child(ren)	$ 2,012.45
Employee/Spouse	$ 2,449.84
Employee/Family	$ 3,554.30

Delta Dental

Employee or Participant	$ 44.60
Employee/Child(ren)	$ 84.74
Employee/Spouse	$ 89.20
Employee/Family	$ 142.73

VSP - Vision

Employee or Participant	$ 6.94
Employee/Child(ren)	$ 14.83
Employee/Spouse	$ 13.84
Employee/Family	$ 23.66