Final

Plan Year 2027 Monthly Rates for Non State Employees												Jan 1 2027 (FY 27)	July 1 2027 (FY 28)
Employee Category	Plan A	Plan A	Plan C	Plan C	Plan J	Plan J	Plan N	Plan N	Dental-2027	Vision		Employer	Employer
	Aetna	BCBS	Aetna	BCBS	Aetna	BCBS	Aetna	BCBS	Delta	2027 Basic	2027 Enhanced	Monthly	Monthly
Full-Time													
Employee Only	$83.86	$92.24	$72.14	$79.36	$114.16	$125.58	$50.72	$55.80	$0.00	$3.87	$7.76	$1,108.12	$1,275.92
Employee + Spouse	$488.10	$536.92	$267.42	$294.16	$333.52	$366.88	$184.58	$203.04	$21.32	$7.98	$15.78	$1,930.36	$2,224.38
Employee + Children	$261.70	$287.88	$139.42	$153.36	$198.46	$218.30	$96.04	$105.64	$17.06	$7.21	$14.23	$1,930.36	$2,224.38
Employee + Family	$871.34	$958.48	$460.56	$506.62	$571.64	$628.80	$329.08	$361.98	$38.38	$11.13	$22.07	$1,930.36	$2,224.38
Part-Time													
Employee Only	$252.66	$277.92	$112.22	$123.44	$142.42	$156.66	$75.82	$83.40	$0.00	$3.87	$7.76	$880.26	$1,011.88
Employee + Spouse	$759.96	$835.96	$347.42	$382.16	$390.84	$429.92	$236.08	$259.68	$26.88	$7.98	$15.78	$1,525.26	$1,756.06
Employee + Children	$427.22	$469.94	$191.48	$210.62	$236.50	$260.16	$130.46	$143.50	$21.46	$7.21	$14.23	$1,525.26	$1,756.06
Employee + Family	$1,213.62	$1,334.98	$553.90	$609.30	$651.74	$716.92	$396.82	$436.50	$48.48	$11.13	$22.07	$1,525.26	$1,756.06

** Base rate is non discounted