
HUMAN RESOURCES ADMINISTRATION

2027 FLEXIBLE BENEFITS MONTHLY RATES

Flexible Benefits: Rate Summary Plan Year 2027

Life Coverage MetLife	Employee Life Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Annual Benefit Salary	Spousal Life Coverage Selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Annual Benefit Salary
	Employee Age	(rate per thousand)	(rate per thousand)
	0-29	0.04	0.06
	30-34	0.05	0.08
	35-39	0.06	0.09
	40-44	0.07	0.12
	45-49	0.10	0.16
	50-54	0.16	0.26
	55-59	0.25	0.38
	60-64	0.34	0.58
	65-69	0.61	1.11
	70 or over	0.95	1.79

- The employee must be enrolled in Employee Life to elect Spouse life
- Spouse Life rates are based on the spouse's age
- An administrative fee will be added to the premium
- Computations are based on rate per thousand

Flexible Benefits Rate Summary Plan Year 2027

Life Coverage (continued)

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
\$1.42	\$1.69	\$2.05	\$2.50	\$2.96

- Child Life rates are based on coverage level
- The employee must be enrolled in Employee Life to elect Child life
- An administrative fee is included in the premium

Dental Plans

	Cigna PPO: Select Plan	Cigna PPO: Select Mid Plan	Cigna PPO: Select Plus Plan	Cigna: DHMO
Employee	\$28.92	\$36.70	\$43.76	\$24.29
Employee + Spouse	\$55.95	\$71.31	\$85.24	\$43.95
Employee + Child(ren)	\$58.64	\$74.76	\$89.39	\$54.40
Family	\$82.02	\$104.70	\$125.25	\$64.81

- An administrative fee is included in the premium

Flexible Benefits Rate Summary Plan Year 2027

Blue View Vision	Anthem Blue Cross Blue Shield Vision Select	Anthem Blue Cross Blue Shield Vision Select Plus
Employee	\$5.71	\$9.49
Employee + Spouse	\$11.58	\$20.25
Employee + Child(ren)	\$12.10	\$21.17
Family	\$16.18	\$28.68

- An administrative fee is included in the premium

Legal Plan	MetLife Legal Plans Select	MetLife Legal Plans Select Plus	MetLife Legal Plans Select Premium
Employee	\$6.55	\$8.25	\$9.35
Family	\$8.05	\$10.35	\$11.45

- An administrative fee is included in the premium

Flexible Benefits Rate Summary Plan Year 2027

The Standard Disability Plans	Short Term Disability		Long Term Disability without Retirement Disability		Long Term Disability with Retirement Disability	
	Seven Day Plan	Thirty Day Plan	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.382	0.203	0.124	0.131	0.105	0.113
30-34	0.367	0.198	0.177	0.199	0.105	0.113
35-39	0.382	0.203	0.221	0.248	0.105	0.113
40-44	0.417	0.226	0.255	0.278	0.105	0.113
45-49	0.460	0.249	0.439	0.489	0.105	0.113
50-54	0.499	0.273	0.586	0.654	0.214	0.240
55-59	0.585	0.316	0.766	0.841	0.383	0.424
60-64	0.658	0.358	0.902	0.988	0.462	0.511
65-69	0.803	0.436	1.202	1.323	0.756	0.834
70 or over	1.239	0.666	1.202	1.323	0.756	0.834

- An administrative fee will be added to the premium
- Computations are based on the rate per \$1000 of the participant's annual benefit salary

Flexible Benefits Rate Summary Plan Year 2027

Employee Critical Illness Insurance					CLOSED TO NEW ENTRANTS	
Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Bands						
18-29	\$3.78	\$5.18	\$7.98	\$10.78	\$13.58	\$16.38
30-39	\$4.98	\$7.58	\$12.78	\$17.98	\$23.18	\$28.38
40-49	\$8.23	\$14.08	\$25.78	\$37.48	\$49.18	\$60.88
50-59	\$12.38	\$22.38	\$42.38	\$62.38	\$82.38	\$102.38
60 +	\$18.48	\$34.58	\$66.78	\$98.98	\$131.18	\$163.38

- An administrative fee is included in the premium

Flexible Benefits Rate Summary

Plan Year 2027

Spouse Critical Illness Insurance					CLOSED TO NEW ENTRANTS	
Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Bands						
18-29	\$3.78	\$5.18	\$7.98	\$10.78	\$13.58	\$16.38
30-39	\$4.98	\$7.58	\$12.78	\$17.98	\$23.18	\$28.38
40-49	\$8.23	\$14.08	\$25.78	\$37.48	\$49.18	\$60.88
50-59	\$12.38	\$22.38	\$42.38	\$62.38	\$82.38	\$102.38
60 +	\$18.48	\$34.58	\$66.78	\$98.98	\$131.18	\$163.38

- Spouse Critical Illness election cannot exceed the coverage level of the employee
- Spouse premiums are based on the employee's age
- An administrative fee is included in the premium

Flexible Benefits Rate Summary Plan Year 2027

Child(ren) Critical Illness Insurance

Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$15,000 Coverage Level
All Ages to Age 26*	\$2.15	\$3.15	\$4.15

- Employee Critical Illness must be elected to add child(ren) coverage
- The rates shown are for all dependent children enrolled
- An administrative fee is included in the premium
- Eligibility ends at age 26 unless approved disabled*

Flexible Benefits Rate Summary Plan Year 2027

Accident Insurance

VOYA	Accident Insurance			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$7.60	\$14.04	\$15.01	\$21.45

- An administrative fee is included in the premium

Flexible Benefits Rate Summary

Plan Year 2027

Hospital Indemnity Insurance

VOYA	Employee Only			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$13.90	\$26.63	\$25.09	\$37.82

- An administrative fee is included in the premium

Flexible Benefits Rate Summary Plan Year 2027

Cancer Insurance

VOYA	Cancer Insurance			
	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$20.82	\$34.59	\$22.33	\$36.10

- An administrative fee is included in the premium

Flexible Benefits Rate Summary Plan Year 2027

Total Administrative Services Corporation (TASC) Flexible Spending Accounts

Health Care Flexible Spending Account (HCFSa) and Dependent Care Flexible Spending Account (DCFSa)

The HCFSa annual maximum for Plan Year 2027 is \$3,348. The DCFSa annual maximum for Plan Year 2027 is \$4,956. Employees enrolled in the HCFSa or DCFSa will be charged a monthly administrative fee of \$3.50. If enrolled in both accounts, the monthly administrative fee will be \$4.65.

Unum Long-Term Care

Effective February 1, 2026, Unum will discontinue accepting new enrollments in the Group Long Term Care (GLTC) plan. Employees interested in making changes or discontinuing their GLTC coverage for Plan Year 2027, you must contact UNUM at www.unuminfo.com/sog or call 1-888-764-3539. Note: if you discontinue coverage, you will lose the GLTC option permanently.

- 12% premium increase on the Long-Term Care plan options
- A monthly administrative fee of \$1.15 will be added to the Long-Term Care premium