

2027 Premium Rates
Per Pay Period Costs

MEDICAL

Blue Option PPO			
Coverage Level	You Pay	IMA Pays	Total
Associate Only	**$97.00**	$383.17	$480.17
Associate + Spouse	**$267.00**	$789.37	$1,056.37
Associate + Child(ren)	**$210.00**	$654.32	$864.32
Family	**$365.00**	$1,123.53	$1,488.53

Green Option QHDHP				
Coverage Level	You Pay	IMA Pays	Total	IMA's HSA Contribution
Associate Only	**$52.00**	$402.05	$454.05	up to $500
Associate + Spouse	**$165.00**	$833.89	$998.89	up to $1,000
Associate + Child(ren)	**$128.00**	$689.28	$817.28	up to $1,000
Family	**$200.00**	$1,207.53	$1,407.53	up to $1,000

MEDICAL (cont.)

California Kaiser Traditional HMO			
Coverage Level	You Pay	IMA Pays	Total
Associate Only	$50	$358.23	$408.23
Associate + Spouse	$235.00	$663.11	$898.11
Associate + Child(ren)	$203.00	$613.46	$816.46
Family	$312.00	$912.69	$1,224.69

DENTAL

cost per pay period		
Coverage Level	TRADITIONAL HIGH	PREVENTIVE LOW
Associate Only	$11.50	$6.00
Associate + Spouse	$26.00	$13.50
Associate + Child(ren)	$25.50	$13.00
Family	$40.50	$20.50

VISION

cost per pay period			
Associate Only	Associate + Spouse	Associate + Child(ren)	Family
$5.00	$7.50	$8.00	$12.50

SUPPLEMENTAL LIFE

Age	Associate/Spouse Per Pay Period Premiums (per $1,000 of coverage)
<30	$0.030
30-34	$0.035
35-39	$0.045
40-44	$0.060
45-49	$0.085
50-54	$0.125
55-59	$0.225
60-64	$0.340
65-69	$0.645
70-74	$1.31

For one or more children, regardless of the number of eligible children covered, the premium is $0.85 per pay period per $10,000 of coverage.

ACCIDENT COVERAGE

COVERAGE	Associate Only	Associate + Spouse	Associate + Child(ren)	Family
High Plan	$4.63	$7.37	$7.75	$12.21
Low Plan	$1.87	$2.98	$3.06	$4.86

HOSPITAL INDEMNITY

COVERAGE	Associate Only	Associate + Spouse	Associate + Child(ren)	Family
High Plan	$7.11	$14.43	$13.51	$21.90
Low Plan	$2.98	$6.02	$5.64	$9.12

CRITICAL ILLNESS

Age	Associate	Spouse
Monthly rate for $1,000 of coverage		
Under 24	$0.257	$0.257
25-29	$0.318	$0.318
30-34	$0.360	$0.360
35-39	$0.466	$0.466
40-44	$0.663	$0.663
45-49	$1.043	$1.043
50-54	$1.464	$1.464
55-59	$2.010	$2.010
60-64	$2.844	$2.844
65-69	$3.897	$3.897
70+	$3.897	$3.897
Child(ren) monthly rate per $1,000	$0.418	

IDENTITY THEFT

COVERAGE	Associate Only	Family
Ultimate Plan	$5.18	$9.18