



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