

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 1A: December 2025 Approved plan designs

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	819.54	766.84	(2.56)		55.26	1,063.80	766.84	-		296.96	1,309.40	766.84	-		542.56
Employee + Spouse	1,624.28	1,322.80	(12.46)		313.94	2,112.78	1,322.80	-		789.98	2,603.98	1,322.80	-		1,281.18
Employee + Child(ren)	1,121.32	975.32	(6.28)		152.28	1,457.16	975.32	-		481.84	1,794.86	975.32	-		819.54
Employee + Family	1,926.06	1,531.28	(16.16)		410.94	2,506.16	1,531.28	-		974.88	3,089.44	1,531.28	-		1,558.16

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	813.26	568.70	(33.50)		278.06	1,057.50	568.70	-		488.80	1,303.10	568.70	-		734.40
Retiree + Spouse	1,617.98	981.02	(65.86)		702.82	2,106.50	981.02	-		1,125.48	2,597.70	981.02	-		1,616.68
Retiree + Child(ren)	1,115.02	723.32	(45.64)		437.34	1,450.88	723.32	-		727.56	1,788.58	723.32	-		1,065.26
Retiree + Family	1,919.76	1,135.62	(77.96)		862.10	2,499.86	1,135.62	-		1,364.24	3,083.16	1,135.62	-		1,947.54
Surviving/Unsubsidized Dependent	813.25	-	-	-	813.25	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,115.02	-	-	-	1,115.02	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	912.35	-	912.35	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,809.90	-	1,809.90	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,248.93	-	1,248.93	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,146.48	-	2,146.48	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	906.06	661.50	(33.50)	278.06	1,380.16	891.36	-	488.80	1,318.94	584.54	-	734.40
Retiree + Spouse/DP	1,803.62	1,166.66	(65.86)	702.82	2,751.80	1,626.32	-	1,125.48	2,629.34	1,012.66	-	1,616.68
Retiree + Child(ren)	1,242.64	850.94	(45.64)	437.34	1,894.54	1,166.98	-	727.56	1,810.34	745.08	-	1,065.26
Retiree + Family	2,140.20	1,356.06	(77.96)	862.10	3,266.18	1,901.94	-	1,364.24	3,120.76	1,173.22	-	1,947.54
Surviving/Unsubsidized	906.06	-	-	906.06	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,242.64	-	-	1,242.64	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,624.28	(12.46)	-	766.84	555.96	313.94	55.26	258.68
Employee + DP's Child(ren)	1,121.32	(6.28)	-	766.84	208.48	152.28	55.26	97.02
Employee + Children of both	1,121.32	(6.28)	-	975.32	-	152.28	152.28	-
Employee + DP + EE's Child(ren)	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66
Employee + DP + DP's Child(ren)	1,926.06	(16.16)	-	766.84	764.44	410.94	55.26	355.68
Employee + DP + Children of both	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	-	-	766.84	555.96	789.98	296.96	493.02
Employee + DP's Child(ren)	1,457.16	-	-	766.84	208.48	481.84	296.96	184.88
Employee + Children of both	1,457.16	-	-	975.32	-	481.84	481.84	-
Employee + DP + EE's Child(ren)	2,506.16	-	-	975.32	555.96	974.88	481.84	493.04
Employee + DP + DP's Child(ren)	2,506.16	-	-	766.84	764.44	974.88	296.96	677.92
Employee + DP + Children of both	2,506.16	-	-	975.32	555.96	974.88	481.84	493.04

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	-	-	766.84	555.96	1,281.18	542.56	738.62
Employee + DP's Child(ren)	1,794.86	-	-	766.84	208.48	819.54	542.56	276.98
Employee + Children of both	1,794.86	-	-	975.32	-	819.54	819.54	-
Employee + DP + EE's Child(ren)	3,089.44	-	-	975.32	555.96	1,558.16	819.54	738.62
Employee + DP + DP's Child(ren)	3,089.44	-	-	766.84	764.44	1,558.16	542.56	1,015.60
Employee + DP + Children of both	3,089.44	-	-	975.32	555.96	1,558.16	819.54	738.62

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,617.98	(65.86)	-	568.70	412.32	702.82	2,106.50	-	-	568.70	412.32	1,125.48	2,597.70	-	-	568.70	412.32	1,616.68
Retiree + DP's Child(ren)	1,115.02	(45.64)	-	568.70	154.62	437.34	1,450.88	-	-	568.70	154.62	727.56	1,788.58	-	-	568.70	154.62	1,065.26
Retiree + Children of both	1,115.02	(45.64)	-	723.32	-	437.34	1,450.88	-	-	723.32	-	727.56	1,788.58	-	-	723.32	-	1,065.26
Retiree + DP + Ret's Child(ren)	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	-	-	723.32	412.30	1,364.24	3,083.16	-	-	723.32	412.30	1,947.54
Retiree + DP + DP's Child(ren)	1,919.76	(77.96)	-	568.70	566.92	862.10	2,499.86	-	-	568.70	566.92	1,364.24	3,083.16	-	-	568.70	566.92	1,947.54
Retiree + DP + Children of both	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	-	-	723.32	412.30	1,364.24	3,083.16	-	-	723.32	412.30	1,947.54

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,803.62	(65.86)	-	661.50	505.16	702.82	2,751.80	-	-	891.36	734.96	1,125.48	2,629.34	-	-	584.54	428.12	1,616.68
Retiree + DP's Child(ren)	1,242.64	(45.64)	-	661.50	189.44	437.34	1,894.54	-	-	891.36	275.62	727.56	1,810.34	-	-	584.54	160.54	1,065.26
Retiree + Children of both	1,242.64	(45.64)	-	850.94	-	437.34	1,894.54	-	-	1,166.98	-	727.56	1,810.34	-	-	745.08	-	1,065.26
Retiree + DP + Ret's Child(ren)	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	-	-	1,166.98	734.96	1,364.24	3,120.76	-	-	745.08	428.14	1,947.54
Retiree + DP + DP's Child(ren)	2,140.20	(77.96)	-	661.50	694.56	862.10	3,266.18	-	-	891.36	1,010.58	1,364.24	3,120.76	-	-	584.54	588.68	1,947.54
Retiree + DP + Children of both	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	-	-	1,166.98	734.96	1,364.24	3,120.76	-	-	745.08	428.14	1,947.54

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	835.93	1,085.08	1,335.59
Participant + Spouse/DP	1,656.77	2,155.04	2,656.06
Participant + Child(ren)	1,143.75	1,486.30	1,830.76
Participant + Family	1,964.58	2,556.28	3,151.23
Non State Employee			
Participant	829.53	1,078.65	1,329.16
Participant + Spouse/DP	1,650.34	2,148.63	2,649.65
Participant + Child(ren)	1,137.32	1,479.90	1,824.35
Participant + Family	1,958.16	2,549.86	3,144.82
Spouse/DP Only	829.52	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,137.32	1,479.89	1,824.34
Non State Retiree			
Participant	930.60	1,414.18	1,351.72
Participant + Spouse/DP	1,846.10	2,813.25	2,688.34
Participant + Child(ren)	1,273.91	1,938.84	1,852.95
Participant + Family	2,189.41	3,337.91	3,189.58
Non State Retiree			
Participant	924.18	1,407.76	1,345.32
Participant + Spouse/DP	1,839.69	2,806.84	2,681.93
Participant + Child(ren)	1,267.49	1,932.43	1,846.55
Participant + Family	2,183.00	3,331.50	3,183.18
Spouse/DP Only	924.18	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,267.49	1,932.42	1,846.54

Plan Year 2027 Rates

Effective July 1, 2026

Scenario 1B: December 2025 Approved plan designs - 2YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	819.54	766.84	(2.56)		55.26	1,063.80	766.84	102.58		194.38	1,309.40	766.84	161.32		381.24
Employee + Spouse	1,624.28	1,322.80	(12.46)		313.94	2,112.78	1,322.80	201.48		588.50	2,603.98	1,322.80	318.98		962.20
Employee + Child(ren)	1,121.32	975.32	(6.28)		152.28	1,457.16	975.32	139.68		342.16	1,794.86	975.32	220.44		599.10
Employee + Family	1,926.06	1,531.28	(16.16)		410.94	2,506.16	1,531.28	238.60		736.28	3,089.44	1,531.28	378.08		1,180.08

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	813.26	568.70	(33.50)		278.06	1,057.50	568.70	87.10		401.70	1,303.10	568.70	145.84		588.56
Retiree + Spouse	1,617.98	981.02	(65.86)		702.82	2,106.50	981.02	174.80		950.68	2,597.70	981.02	292.30		1,324.38
Retiree + Child(ren)	1,115.02	723.32	(45.64)		437.34	1,450.88	723.32	120.00		607.56	1,788.58	723.32	200.76		864.50
Retiree + Family	1,919.76	1,135.62	(77.96)		862.10	2,499.86	1,135.62	207.70		1,156.54	3,083.16	1,135.62	347.20		1,600.34
Surviving/Unsubsidized Dependent	813.25	-	-	-	813.25	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,115.02	-	-	-	1,115.02	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	912.35	-	912.35	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,809.90	-	1,809.90	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,248.93	-	1,248.93	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,146.48	-	2,146.48	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	906.06	661.50	(33.50)	278.06	1,380.16	891.36	87.10	401.70	1,318.94	584.54	145.84	588.56
Retiree + Spouse/DP	1,803.62	1,166.66	(65.86)	702.82	2,751.80	1,626.32	174.80	950.68	2,629.34	1,012.66	292.30	1,324.38
Retiree + Child(ren)	1,242.64	850.94	(45.64)	437.34	1,894.54	1,166.98	120.00	607.56	1,810.34	745.08	200.76	864.50
Retiree + Family	2,140.20	1,356.06	(77.96)	862.10	3,266.18	1,901.94	207.70	1,156.54	3,120.76	1,173.22	347.20	1,600.34
Surviving/Unsubsidized	906.06	-	-	906.06	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,242.64	-	-	1,242.64	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,624.28	(12.46)	-	766.84	555.96	313.94	55.26	258.68
Employee + DP's Child(ren)	1,121.32	(6.28)	-	766.84	208.48	152.28	55.26	97.02
Employee + Children of both	1,121.32	(6.28)	-	975.32	-	152.28	152.28	-
Employee + DP + EE's Child(ren)	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66
Employee + DP + DP's Child(ren)	1,926.06	(16.16)	-	766.84	764.44	410.94	55.26	355.68
Employee + DP + Children of both	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	201.48	-	766.84	555.96	588.50	194.38	394.12
Employee + DP's Child(ren)	1,457.16	139.68	-	766.84	208.48	342.16	194.38	147.78
Employee + Children of both	1,457.16	139.68	-	975.32	(0.00)	342.16	342.16	-
Employee + DP + EE's Child(ren)	2,506.16	238.60	-	975.32	555.96	736.28	342.16	394.12
Employee + DP + DP's Child(ren)	2,506.16	238.60	-	766.84	764.44	736.28	194.38	541.90
Employee + DP + Children of both	2,506.16	238.60	-	975.32	555.96	736.28	342.16	394.12

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	318.98	-	766.84	555.96	1,281.18	381.24	899.94
Employee + DP's Child(ren)	1,794.86	220.44	-	766.84	208.48	819.54	381.24	438.30
Employee + Children of both	1,794.86	220.44	-	975.32	(0.00)	819.54	599.10	220.44
Employee + DP + EE's Child(ren)	3,089.44	378.08	-	975.32	555.96	1,558.16	599.10	959.06
Employee + DP + DP's Child(ren)	3,089.44	378.08	-	766.84	764.44	1,558.16	381.24	1,176.92
Employee + DP + Children of both	3,089.44	378.08	-	975.32	555.96	1,558.16	599.10	959.06

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,617.98	(65.86)	-	568.70	412.32	702.82	2,106.50	174.80	-	568.70	412.32	950.68	2,597.70	292.30	-	568.70	412.32	1,324.38
Retiree + DP's Child(ren)	1,115.02	(45.64)	-	568.70	154.62	437.34	1,450.88	120.00	-	568.70	154.62	607.56	1,788.58	200.76	-	568.70	154.62	864.50
Retiree + Children of both	1,115.02	(45.64)	-	723.32	-	437.34	1,450.88	120.00	-	723.32	-	607.56	1,788.58	200.76	-	723.32	-	864.50
Retiree + DP + Ret's Child(ren)	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	207.70	-	723.32	412.30	1,156.54	3,083.16	347.20	-	723.32	412.30	1,600.34
Retiree + DP + DP's Child(ren)	1,919.76	(77.96)	-	568.70	566.92	862.10	2,499.86	207.70	-	568.70	566.92	1,156.54	3,083.16	347.20	-	568.70	566.92	1,600.34
Retiree + DP + Children of both	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	207.70	-	723.32	412.30	1,156.54	3,083.16	347.20	-	723.32	412.30	1,600.34

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,803.62	(65.86)	-	661.50	505.16	702.82	2,751.80	174.80	-	891.36	734.96	950.68	2,629.34	292.30	-	584.54	428.12	1,324.38
Retiree + DP's Child(ren)	1,242.64	(45.64)	-	661.50	189.44	437.34	1,894.54	120.00	-	891.36	275.62	607.56	1,810.34	200.76	-	584.54	160.54	864.50
Retiree + Children of both	1,242.64	(45.64)	-	850.94	-	437.34	1,894.54	120.00	-	1,166.98	0.00	607.56	1,810.34	200.76	-	745.08	-	864.50
Retiree + DP + Ret's Child(ren)	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	207.70	-	1,166.98	734.96	1,156.54	3,120.76	347.20	-	745.08	428.14	1,600.34
Retiree + DP + DP's Child(ren)	2,140.20	(77.96)	-	661.50	694.56	862.10	3,266.18	207.70	-	891.36	1,010.58	1,156.54	3,120.76	347.20	-	584.54	588.68	1,600.34
Retiree + DP + Children of both	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	207.70	-	1,166.98	734.96	1,156.54	3,120.76	347.20	-	745.08	428.14	1,600.34

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	835.93	1,085.08	1,335.59
Participant + Spouse/DP	1,656.77	2,155.04	2,656.06
Participant + Child(ren)	1,143.75	1,486.30	1,830.76
Participant + Family	1,964.58	2,556.28	3,151.23
Non State Employee			
Participant	829.53	1,078.65	1,329.16
Participant + Spouse/DP	1,650.34	2,148.63	2,649.65
Participant + Child(ren)	1,137.32	1,479.90	1,824.35
Participant + Family	1,958.16	2,549.86	3,144.82
Spouse/DP Only	829.52	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,137.32	1,479.89	1,824.34
Non State Employee			
Participant	930.60	1,414.18	1,351.72
Participant + Spouse/DP	1,846.10	2,813.25	2,688.34
Participant + Child(ren)	1,273.91	1,938.84	1,852.95
Participant + Family	2,189.41	3,337.91	3,189.58
Non State Retiree			
Participant	924.18	1,407.76	1,345.32
Participant + Spouse/DP	1,839.69	2,806.84	2,681.93
Participant + Child(ren)	1,267.49	1,932.43	1,846.55
Participant + Family	2,183.00	3,331.50	3,183.18
Spouse/DP Only	924.18	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,267.49	1,932.42	1,846.54

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 1C: December 2025 Approved plan designs - 3YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	819.54	766.84	(2.56)		55.26	1,063.80	766.84	136.78		160.18	1,309.40	766.84	215.10		327.46
Employee + Spouse	1,624.28	1,322.80	(12.46)		313.94	2,112.78	1,322.80	268.66		521.32	2,603.98	1,322.80	425.30		855.88
Employee + Child(ren)	1,121.32	975.32	(6.28)		152.28	1,457.16	975.32	186.24		295.60	1,794.86	975.32	293.92		525.62
Employee + Family	1,926.06	1,531.28	(16.16)		410.94	2,506.16	1,531.28	318.14		656.74	3,089.44	1,531.28	504.12		1,054.04

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	813.25	568.70	(33.50)		278.06	1,057.50	568.70	116.14		372.66	1,303.10	568.70	194.46		539.94
Retiree + Spouse	1,617.98	981.02	(65.86)		702.82	2,106.50	981.02	233.08		892.40	2,597.70	981.02	389.72		1,226.96
Retiree + Child(ren)	1,115.02	723.32	(45.64)		437.34	1,450.88	723.32	160.00		567.56	1,788.58	723.32	267.68		797.58
Retiree + Family	1,919.76	1,135.62	(77.96)		862.10	2,499.86	1,135.62	276.94		1,087.30	3,083.16	1,135.62	462.94		1,484.60
Surviving/Unsubsidized Dependent	813.25	-	-	-	813.25	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,115.02	-	-	-	1,115.02	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	912.35	-	912.35	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,809.90	-	1,809.90	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,248.93	-	1,248.93	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,146.48	-	2,146.48	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	906.06	661.50	(33.50)	278.06	1,380.16	891.36	116.14	372.66	1,318.94	584.54	194.46	539.94
Retiree + Spouse/DP	1,803.62	1,166.66	(65.86)	702.82	2,751.80	1,626.32	233.08	892.40	2,629.34	1,012.66	389.72	1,226.96
Retiree + Child(ren)	1,242.64	850.94	(45.64)	437.34	1,894.54	1,166.98	160.00	567.56	1,810.34	745.08	267.68	797.58
Retiree + Family	2,140.20	1,356.06	(77.96)	862.10	3,266.18	1,901.94	276.94	1,087.30	3,120.76	1,173.22	462.94	1,484.60
Surviving/Unsubsidized	906.06	-	-	906.06	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,242.64	-	-	1,242.64	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,624.28	(12.46)	-	766.84	555.96	313.94	55.26	258.68
Employee + DP's Child(ren)	1,121.32	(6.28)	-	766.84	208.48	152.28	55.26	97.02
Employee + Children of both	1,121.32	(6.28)	-	975.32	-	152.28	152.28	-
Employee + DP + E's Child(ren)	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66
Employee + DP + DP's Child(ren)	1,926.06	(16.16)	-	766.84	764.44	410.94	55.26	355.68
Employee + DP + Children of both	1,926.06	(16.16)	-	975.32	555.96	410.94	152.28	258.66

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	268.66	-	766.84	555.96	521.32	160.18	361.14
Employee + DP's Child(ren)	1,457.16	186.24	-	766.84	208.48	295.60	160.18	135.42
Employee + Children of both	1,457.16	186.24	-	975.32	(0.00)	295.60	295.60	-
Employee + DP + E's Child(ren)	2,506.16	318.14	-	975.32	555.96	656.74	295.60	361.14
Employee + DP + DP's Child(ren)	2,506.16	318.14	-	766.84	764.44	656.74	160.18	496.56
Employee + DP + Children of both	2,506.16	318.14	-	975.32	555.96	656.74	295.60	361.14

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	425.30	-	766.84	555.96	1,281.18	327.46	953.72
Employee + DP's Child(ren)	1,794.86	293.92	-	766.84	208.48	819.54	327.46	492.08
Employee + Children of both	1,794.86	293.92	-	975.32	(0.00)	819.54	525.62	293.92
Employee + DP + E's Child(ren)	3,089.44	504.12	-	975.32	555.96	1,558.16	525.62	1,032.54
Employee + DP + DP's Child(ren)	3,089.44	504.12	-	766.84	764.44	1,558.16	327.46	1,230.70
Employee + DP + Children of both	3,089.44	504.12	-	975.32	555.96	1,558.16	525.62	1,032.54

State Retirees Non Medicare	Statewide PPO							Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan							Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium		Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,617.98	(65.86)	-	568.70	412.32	702.82	2,106.50	233.08	-	568.70	412.32	892.40	2,597.70	389.72	-	568.70	412.32	428.12	1,226.96
Retiree + DP's Child(ren)	1,115.02	(45.64)	-	568.70	154.62	437.34	1,450.88	160.00	-	568.70	154.62	567.56	1,788.58	267.68	-	568.70	154.62	160.54	797.58
Retiree + Children of both	1,115.02	(45.64)	-	723.32	-	437.34	1,450.88	160.00	-	723.32	-	567.56	1,788.58	267.68	-	723.32	-	-	797.58
Retiree + DP + Ret's Child(ren)	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	276.94	-	723.32	412.30	1,087.30	3,083.16	462.94	-	723.32	412.30	428.14	1,484.60
Retiree + DP + DP's Child(ren)	1,919.76	(77.96)	-	568.70	566.92	862.10	2,499.86	276.94	-	568.70	566.92	1,087.30	3,083.16	462.94	-	568.70	566.92	588.68	1,484.60
Retiree + DP + Children of both	1,919.76	(77.96)	-	723.32	412.30	862.10	2,499.86	276.94	-	723.32	412.30	1,087.30	3,083.16	462.94	-	723.32	412.30	428.14	1,484.60

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO							Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan							Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium		Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,803.62	(65.86)	-	661.50	505.16	702.82	2,751.80	233.08	-	891.36	734.96	892.40	2,629.34	389.72	-	584.54	428.12	428.12	1,226.96
Retiree + DP's Child(ren)	1,242.64	(45.64)	-	661.50	189.44	437.34	1,894.54	160.00	-	891.36	275.62	567.56	1,810.34	267.68	-	584.54	160.54	160.54	797.58
Retiree + Children of both	1,242.64	(45.64)	-	850.94	-	437.34	1,894.54	160.00	-	1,166.98	-	567.56	1,810.34	267.68	-	745.08	-	-	797.58
Retiree + DP + Ret's Child(ren)	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	276.94	-	1,166.98	734.96	1,087.30	3,120.76	462.94	-	745.08	428.14	428.14	1,484.60
Retiree + DP + DP's Child(ren)	2,140.20	(77.96)	-	661.50	694.56	862.10	3,266.18	276.94	-	891.36	1,010.58	1,087.30	3,120.76	462.94	-	584.54	588.68	588.68	1,484.60
Retiree + DP + Children of both	2,140.20	(77.96)	-	850.94	505.12	862.10	3,266.18	276.94	-	1,166.98	734.96	1,087.30	3,120.76	462.94	-	745.08	428.14	428.14	1,484.60

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	835.93	1,085.08	1,335.59
Participant + Spouse/DP	1,656.77	2,155.04	2,656.06
Participant + Child(ren)	1,143.75	1,486.30	1,830.76
Participant + Family	1,964.58	2,556.28	3,151.23
State Retiree			
Participant	829.53	1,078.65	1,329.16
Participant + Spouse/DP	1,650.34	2,148.63	2,649.65
Participant + Child(ren)	1,137.32	1,479.90	1,824.35
Participant + Family	1,958.16	2,549.86	3,144.82
Spouse/DP Only	829.52	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,137.32	1,479.89	1,824.34
Non State Employee			
Participant	930.60	1,414.18	1,351.72
Participant + Spouse/DP	1,846.10	2,813.25	2,688.34
Participant + Child(ren)	1,273.91	1,938.84	1,852.95
Participant + Family	2,189.41	3,337.91	3,189.58
Non State Retiree			
Participant	924.18	1,407.76	1,345.32
Participant + Spouse/DP	1,839.69	2,806.84	2,681.93
Participant + Child(ren)	1,267.49	1,932.43	1,846.55
Participant + Family	2,183.00	3,331.50	3,183.18
Spouse/DP Only	924.18	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,267.49	1,932.42	1,846.54

Plan Year 2027 Rates

Effective July 1, 2026

Scenario 2A: December 2025 Approved plan designs with CDHP MaxOOP at PY26 levels

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.40	766.84	(0.00)		60.56	1,063.80	766.84	-		296.96	1,309.40	766.84	-		542.56
Employee + Spouse	1,640.02	1,322.80			317.22	2,112.78	1,322.80	-		789.98	2,603.98	1,322.80	-		1,281.18
Employee + Child(ren)	1,132.14	975.32			156.82	1,457.16	975.32	-		481.84	1,794.86	975.32	-		819.54
Employee + Family	1,944.74	1,531.28			413.46	2,506.16	1,531.28	-		974.88	3,089.44	1,531.28	-		1,558.16

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	821.12	568.70	(25.64)		278.06	1,057.50	568.70	-		488.80	1,303.10	568.70	-		734.40
Retiree + Spouse	1,633.72	981.02	(50.12)		702.82	2,106.50	981.02	-		1,125.48	2,597.70	981.02	-		1,616.68
Retiree + Child(ren)	1,125.84	723.32	(34.82)		437.34	1,450.88	723.32	-		727.56	1,788.58	723.32	-		1,065.26
Retiree + Family	1,938.44	1,135.62	(59.28)		862.10	2,499.86	1,135.62	-		1,364.24	3,083.16	1,135.62	-		1,947.54
Surviving/Unsubsidized Dependent	821.11	-	-	-	821.11	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,125.84	-	-	-	1,125.84	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.70	-	920.70	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,826.60	-	1,826.60	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,260.41	-	1,260.41	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,166.31	-	2,166.31	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.42	662.00	(25.64)	278.06	1,380.16	891.36	-	488.80	1,318.94	584.54	-	734.40
Retiree + Spouse/DP	1,820.32	1,167.62	(50.12)	702.82	2,751.80	1,626.32	-	1,125.48	2,629.34	1,012.66	-	1,616.68
Retiree + Child(ren)	1,254.12	851.60	(34.82)	437.34	1,894.54	1,166.98	-	727.56	1,810.34	745.08	-	1,065.26
Retiree + Family	2,160.02	1,357.20	(59.28)	862.10	3,266.18	1,901.94	-	1,364.24	3,120.76	1,173.22	-	1,947.54
Surviving/Unsubsidized	914.41	-	-	914.41	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,254.12	-	-	1,254.12	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,640.02	-	-	766.84	555.96	317.22	60.56	256.66
Employee + DP's Child(ren)	1,132.14	-	-	766.84	208.48	156.82	60.56	96.26
Employee + Children of both	1,132.14	-	-	975.32	-	156.82	156.82	-
Employee + DP + EE's Child(ren)	1,944.74	-	-	975.32	555.96	413.46	156.82	256.64
Employee + DP + DP's Child(ren)	1,944.74	-	-	766.84	764.44	413.46	60.56	352.90
Employee + DP + Children of both	1,944.74	-	-	975.32	555.96	413.46	156.82	256.64

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	-	-	766.84	555.96	789.98	296.96	493.02
Employee + DP's Child(ren)	1,457.16	-	-	766.84	208.48	481.84	296.96	184.88
Employee + Children of both	1,457.16	-	-	975.32	-	481.84	481.84	-
Employee + DP + EE's Child(ren)	2,506.16	-	-	975.32	555.96	974.88	481.84	493.04
Employee + DP + DP's Child(ren)	2,506.16	-	-	766.84	764.44	974.88	296.96	677.92
Employee + DP + Children of both	2,506.16	-	-	975.32	555.96	974.88	481.84	493.04

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	-	-	766.84	555.96	1,281.18	542.56	738.62
Employee + DP's Child(ren)	1,794.86	-	-	766.84	208.48	819.54	542.56	276.98
Employee + Children of both	1,794.86	-	-	975.32	-	819.54	819.54	-
Employee + DP + EE's Child(ren)	3,089.44	-	-	975.32	555.96	1,598.16	819.54	738.62
Employee + DP + DP's Child(ren)	3,089.44	-	-	766.84	764.44	1,558.16	542.56	1,015.60
Employee + DP + Children of both	3,089.44	-	-	975.32	555.96	1,558.16	819.54	738.62

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,633.72	(50.12)	-	568.70	412.32	702.82	2,106.50	-	-	568.70	412.32	1,125.48	2,597.70	-	-	568.70	412.32	1,616.68
Retiree + DP's Child(ren)	1,125.84	(34.82)	-	568.70	154.62	437.34	1,450.88	-	-	568.70	154.62	727.56	1,788.58	-	-	568.70	154.62	1,065.26
Retiree + Children of both	1,125.84	(34.82)	-	723.32	-	437.34	1,450.88	-	-	723.32	-	727.56	1,788.58	-	-	723.32	-	1,065.26
Retiree + DP + Ret's Child(ren)	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	-	-	723.32	412.30	1,364.24	3,083.16	-	-	723.32	412.30	1,947.54
Retiree + DP + DP's Child(ren)	1,938.44	(59.28)	-	568.70	566.92	862.10	2,499.86	-	-	568.70	566.92	1,364.24	3,083.16	-	-	568.70	566.92	1,947.54
Retiree + DP + Children of both	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	-	-	723.32	412.30	1,364.24	3,083.16	-	-	723.32	412.30	1,947.54

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,820.32	(50.12)	-	662.00	505.62	702.82	2,751.80	-	-	891.36	734.96	1,125.48	2,629.34	-	-	584.54	428.12	1,616.68
Retiree + DP's Child(ren)	1,254.12	(34.82)	-	662.00	189.60	437.34	1,894.54	-	-	891.36	275.62	727.56	1,810.34	-	-	584.54	160.54	1,065.26
Retiree + Children of both	1,254.12	(34.82)	-	851.60	-	437.34	1,894.54	-	-	1,166.98	-	727.56	1,810.34	-	-	745.08	-	1,065.26
Retiree + DP + Ret's Child(ren)	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	-	-	1,166.98	734.96	1,364.24	3,120.76	-	-	745.08	428.14	1,947.54
Retiree + DP + DP's Child(ren)	2,160.02	(59.28)	-	662.00	695.20	862.10	3,266.18	-	-	891.36	1,010.58	1,364.24	3,120.76	-	-	584.54	588.68	1,947.54
Retiree + DP + Children of both	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	-	-	1,166.98	734.96	1,364.24	3,120.76	-	-	745.08	428.14	1,947.54

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.95	1,085.08	1,335.59
Participant + Spouse/DP	1,672.82	2,155.04	2,656.06
Participant + Child(ren)	1,154.78	1,486.30	1,830.76
Participant + Family	1,983.63	2,556.28	3,151.23
Non State Employee			
Participant	837.54	1,078.65	1,329.16
Participant + Spouse/DP	1,666.39	2,148.63	2,649.65
Participant + Child(ren)	1,148.36	1,479.90	1,824.35
Participant + Family	1,977.21	2,549.86	3,144.82
Spouse/DP Only	837.53	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,148.36	1,479.89	1,824.34
Non State Retiree			
Participant	939.11	1,414.18	1,351.72
Participant + Spouse/DP	1,863.13	2,813.25	2,688.34
Participant + Child(ren)	1,285.62	1,938.84	1,852.95
Participant + Family	2,209.64	3,337.91	3,189.58
Non State Retiree			
Participant	932.71	1,407.76	1,345.32
Participant + Spouse/DP	1,856.73	2,806.84	2,681.93
Participant + Child(ren)	1,279.20	1,932.43	1,846.55
Participant + Family	2,203.22	3,331.50	3,183.18
Spouse/DP Only	932.70	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,279.20	1,932.42	1,846.54

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 2B: December 2025 Approved plan designs with CDHP MaxOOP at PY26 levels - with 2-YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO Planned					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.40	766.84	2.64		57.92	1,063.80	766.84	102.58		194.38	1,309.40	766.84	161.32		381.24
Employee + Spouse	1,640.02	1,322.80	1.64		315.58	2,112.78	1,322.80	201.48		588.50	2,603.98	1,322.80	318.98		962.20
Employee + Child(ren)	1,132.14	975.32	2.28		154.54	1,457.16	975.32	139.68		342.16	1,794.86	975.32	220.44		599.10
Employee + Family	1,944.74	1,531.28	1.26		412.20	2,506.16	1,531.28	238.60		736.28	3,089.44	1,531.28	378.08		1,180.08

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	821.12	568.70	(25.64)		278.06	1,057.50	568.70	87.10		401.70	1,303.10	568.70	145.84		588.56
Retiree + Spouse	1,633.72	981.02	(50.12)		702.82	2,106.50	981.02	174.80		950.68	2,597.70	981.02	292.30		1,324.38
Retiree + Child(ren)	1,125.84	723.32	(34.82)		437.34	1,450.88	723.32	120.00		607.56	1,788.58	723.32	200.76		864.50
Retiree + Family	1,938.44	1,135.62	(59.28)		862.10	2,499.86	1,135.62	207.70		1,156.54	3,083.16	1,135.62	347.20		1,600.34
Surviving/Unsubsidized Dependent	821.11	-	-	-	821.11	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,125.84	-	-	-	1,125.84	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.70	-	920.70	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,826.60	-	1,826.60	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,260.41	-	1,260.41	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,166.31	-	2,166.31	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.42	662.00	(25.64)	278.06	1,380.16	891.36	87.10	401.70	1,318.94	584.54	145.84	588.56
Retiree + Spouse/DP	1,820.32	1,167.62	(50.12)	702.82	2,751.80	1,626.32	174.80	950.68	2,629.34	1,012.66	292.30	1,324.38
Retiree + Child(ren)	1,254.12	851.60	(34.82)	437.34	1,894.54	1,166.98	120.00	607.56	1,810.34	745.08	200.76	864.50
Retiree + Family	2,160.02	1,357.20	(59.28)	862.10	3,266.18	1,901.94	207.70	1,156.54	3,120.76	1,173.22	347.20	1,600.34
Surviving/Unsubsidized	914.41	-	-	914.41	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,254.12	-	-	1,254.12	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,640.02	1.64	-	766.84	555.96	315.58	57.92	257.66
Employee + DP's Child(ren)	1,132.14	2.28	-	766.84	208.48	154.54	57.92	96.62
Employee + Children of both	1,132.14	2.28	-	975.32	0.00	154.54	154.54	-
Employee + DP + EE's Child(ren)	1,944.74	1.26	-	975.32	555.96	412.20	154.54	257.66
Employee + DP + DP's Child(ren)	1,944.74	1.26	-	766.84	764.44	412.20	57.92	354.28
Employee + DP + Children of both	1,944.74	1.26	-	975.32	555.96	412.20	154.54	257.66

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	201.48	-	766.84	555.96	588.50	194.38	394.12
Employee + DP's Child(ren)	1,457.16	139.68	-	766.84	208.48	342.16	194.38	147.78
Employee + Children of both	1,457.16	139.68	-	975.32	(0.00)	342.16	342.16	-
Employee + DP + EE's Child(ren)	2,506.16	238.60	-	975.32	555.96	736.28	342.16	394.12
Employee + DP + DP's Child(ren)	2,506.16	238.60	-	766.84	764.44	736.28	194.38	541.90
Employee + DP + Children of both	2,506.16	238.60	-	975.32	555.96	736.28	342.16	394.12

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	318.98	-	766.84	555.96	1,281.18	381.24	899.94
Employee + DP's Child(ren)	1,794.86	220.44	-	766.84	208.48	819.54	381.24	438.30
Employee + Children of both	1,794.86	220.44	-	975.32	(0.00)	819.54	599.10	220.44
Employee + DP + EE's Child(ren)	3,089.44	378.08	-	975.32	555.96	1,558.16	599.10	959.06
Employee + DP + DP's Child(ren)	3,089.44	378.08	-	766.84	764.44	1,558.16	381.24	1,176.92
Employee + DP + Children of both	3,089.44	378.08	-	975.32	555.96	1,558.16	599.10	959.06

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,633.72	(50.12)	-	568.70	412.32	702.82	2,106.50	174.80	-	568.70	412.32	950.68	2,597.70	292.30	-	568.70	412.32	1,324.38
Retiree + DP's Child(ren)	1,125.84	(34.82)	-	568.70	154.62	437.34	1,450.88	120.00	-	568.70	154.62	607.56	1,788.58	200.76	-	568.70	154.62	864.50
Retiree + Children of both	1,125.84	(34.82)	-	723.32	-	437.34	1,450.88	120.00	-	723.32	-	607.56	1,788.58	200.76	-	723.32	-	864.50
Retiree + DP + Ret's Child(ren)	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	207.70	-	723.32	412.30	1,156.54	3,083.16	347.20	-	723.32	412.30	1,600.34
Retiree + DP + DP's Child(ren)	1,938.44	(59.28)	-	568.70	566.92	862.10	2,499.86	207.70	-	568.70	566.92	1,156.54	3,083.16	347.20	-	568.70	566.92	1,600.34
Retiree + DP + Children of both	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	207.70	-	723.32	412.30	1,156.54	3,083.16	347.20	-	723.32	412.30	1,600.34

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,820.32	(50.12)	-	662.00	505.62	702.82	2,751.80	174.80	-	891.36	734.96	950.68	2,629.34	292.30	-	584.54	428.12	1,324.38
Retiree + DP's Child(ren)	1,254.12	(34.82)	-	662.00	189.60	437.34	1,894.54	120.00	-	891.36	275.62	607.56	1,810.34	200.76	-	584.54	160.54	864.50
Retiree + Children of both	1,254.12	(34.82)	-	851.60	-	437.34	1,894.54	120.00	-	1,166.98	0.00	607.56	1,810.34	200.76	-	745.08	-	864.50
Retiree + DP + Ret's Child(ren)	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	207.70	-	1,166.98	734.96	1,156.54	3,120.76	347.20	-	745.08	428.14	1,600.34
Retiree + DP + DP's Child(ren)	2,160.02	(59.28)	-	662.00	695.20	862.10	3,266.18	207.70	-	891.36	1,010.58	1,156.54	3,120.76	347.20	-	584.54	588.68	1,600.34
Retiree + DP + Children of both	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	207.70	-	1,166.98	734.96	1,156.54	3,120.76	347.20	-	745.08	428.14	1,600.34

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contribution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.95	1,085.08	1,335.59
Participant + Spouse/DP	1,672.82	2,155.04	2,656.06
Participant + Child(ren)	1,154.78	1,486.30	1,830.76
Participant + Family	1,983.63	2,556.28	3,151.23
Non State Employee			
Participant	837.54	1,078.65	1,329.16
Participant + Spouse/DP	1,666.39	2,148.63	2,649.65
Participant + Child(ren)	1,148.36	1,479.90	1,824.35
Participant + Family	1,977.21	2,549.86	3,144.82
Spouse/DP Only	837.53	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,148.36	1,479.89	1,824.34
Non State Employee			
Participant	939.11	1,414.18	1,351.72
Participant + Spouse/DP	1,863.13	2,813.25	2,688.34
Participant + Child(ren)	1,285.62	1,938.84	1,852.95
Participant + Family	2,209.64	3,337.91	3,189.58
Non State Retiree			
Participant	932.71	1,407.76	1,345.32
Participant + Spouse/DP	1,856.73	2,806.84	2,681.93
Participant + Child(ren)	1,279.20	1,932.43	1,846.55
Participant + Family	2,203.22	3,331.50	3,183.18
Spouse/DP Only	932.70	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,279.20	1,932.42	1,846.54

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 2C: December 2025 Approved plan designs with CDHP MaxOOP at PY26 levels - with 3-YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.40	766.84	3.52		57.04	1,063.80	766.84	136.78		160.18	1,309.40	766.84	215.10		327.46
Employee + Spouse	1,640.02	1,322.80	2.18		315.04	2,112.78	1,322.80	268.66		521.32	2,603.98	1,322.80	425.30		855.88
Employee + Child(ren)	1,132.14	975.32	3.04		153.78	1,457.16	975.32	186.24		295.60	1,794.86	975.32	293.92		525.62
Employee + Family	1,944.74	1,531.28	1.68		411.78	2,506.16	1,531.28	318.14		656.74	3,089.44	1,531.28	504.12		1,054.04

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	821.12	568.70	(25.64)		278.06	1,057.50	568.70	116.14		372.66	1,303.10	568.70	194.46		539.94
Retiree + Spouse	1,633.72	981.02	(50.12)		702.82	2,106.50	981.02	233.08		892.40	2,597.70	981.02	389.72		1,226.96
Retiree + Child(ren)	1,125.84	723.32	(34.82)		437.34	1,450.88	723.32	160.00		567.56	1,788.58	723.32	267.68		797.58
Retiree + Family	1,938.44	1,135.62	(59.28)		862.10	2,499.86	1,135.62	276.94		1,087.30	3,083.16	1,135.62	462.94		1,484.60
Surviving/Unsubsidized Dependent	821.11	-	-	-	821.11	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,125.84	-	-	-	1,125.84	1,450.87	-	-	-	1,450.87	1,788.57	-	-	-	1,788.57

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.70	-	920.70	1,386.45	-	1,386.45	1,325.22	-	1,325.22
Employee + Spouse/DP	1,826.60	-	1,826.60	2,758.09	-	2,758.09	2,635.63	-	2,635.63
Employee + Child(ren)	1,260.41	-	1,260.41	1,900.82	-	1,900.82	1,816.62	-	1,816.62
Employee + Family	2,166.31	-	2,166.31	3,272.46	-	3,272.46	3,127.04	-	3,127.04

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.42	662.00	(25.64)	278.06	1,380.16	891.36	116.14	372.66	1,318.94	584.54	194.46	539.94
Retiree + Spouse/DP	1,820.32	1,167.62	(50.12)	702.82	2,751.80	1,626.32	233.08	892.40	2,629.34	1,012.66	389.72	1,226.96
Retiree + Child(ren)	1,254.12	851.60	(34.82)	437.34	1,894.54	1,166.98	160.00	567.56	1,810.34	745.08	267.68	797.58
Retiree + Family	2,160.02	1,357.20	(59.28)	862.10	3,266.18	1,901.94	276.94	1,087.30	3,120.76	1,173.22	462.94	1,484.60
Surviving/Unsubsidized	914.41	-	-	914.41	1,380.16	-	-	1,380.16	1,318.93	-	-	1,318.93
Surviving/Unsubsidized	1,254.12	-	-	1,254.12	1,894.53	-	-	1,894.53	1,810.33	-	-	1,810.33

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,640.02	2.18	-	766.84	555.96	315.04	57.04	258.00
Employee + DP's Child(ren)	1,132.14	3.04	-	766.84	208.48	153.78	57.04	96.74
Employee + Children of both	1,132.14	3.04	-	975.32	0.00	153.78	153.78	-
Employee + DP + EE's Child(ren)	1,944.74	1.68	-	975.32	555.96	411.78	153.78	258.00
Employee + DP + DP's Child(ren)	1,944.74	1.68	-	766.84	764.44	411.78	57.04	354.74
Employee + DP + Children of both	1,944.74	1.68	-	975.32	555.96	411.78	153.78	258.00

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,112.78	268.66	-	766.84	555.96	521.32	160.18	361.14
Employee + DP's Child(ren)	1,457.16	186.24	-	766.84	208.48	295.60	160.18	135.42
Employee + Children of both	1,457.16	186.24	-	975.32	(0.00)	295.60	295.60	-
Employee + DP + EE's Child(ren)	2,506.16	318.14	-	975.32	555.96	656.74	295.60	361.14
Employee + DP + DP's Child(ren)	2,506.16	318.14	-	766.84	764.44	656.74	160.18	496.56
Employee + DP + Children of both	2,506.16	318.14	-	975.32	555.96	656.74	295.60	361.14

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,603.98	425.30	-	766.84	555.96	1,281.18	327.46	953.72
Employee + DP's Child(ren)	1,794.86	293.92	-	766.84	208.48	819.54	327.46	492.08
Employee + Children of both	1,794.86	293.92	-	975.32	(0.00)	819.54	525.62	293.92
Employee + DP + EE's Child(ren)	3,089.44	504.12	-	975.32	555.96	1,558.16	525.62	1,032.54
Employee + DP + DP's Child(ren)	3,089.44	504.12	-	766.84	764.44	1,558.16	327.46	1,230.70
Employee + DP + Children of both	3,089.44	504.12	-	975.32	555.96	1,558.16	525.62	1,032.54

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Planned Spend Down/(Surplus)	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,633.72	(50.12)	-	568.70	412.32	702.82	2,106.50	233.08	-	568.70	412.32	892.40	2,597.70	389.72	-	568.70	412.32	1,226.96
Retiree + DP's Child(ren)	1,125.84	(34.82)	-	568.70	154.62	437.34	1,450.88	160.00	-	568.70	154.62	567.56	1,788.58	267.68	-	568.70	154.62	797.58
Retiree + Children of both	1,125.84	(34.82)	-	723.32	-	437.34	1,450.88	160.00	-	723.32	-	567.56	1,788.58	267.68	-	723.32	-	797.58
Retiree + DP + Ret's Child(ren)	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	276.94	-	723.32	412.30	1,087.30	3,083.16	462.94	-	723.32	412.30	1,484.60
Retiree + DP + DP's Child(ren)	1,938.44	(59.28)	-	568.70	566.92	862.10	2,499.86	276.94	-	568.70	566.92	1,087.30	3,083.16	462.94	-	568.70	566.92	1,484.60
Retiree + DP + Children of both	1,938.44	(59.28)	-	723.32	412.30	862.10	2,499.86	276.94	-	723.32	412.30	1,087.30	3,083.16	462.94	-	723.32	412.30	1,484.60

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,820.32	(50.12)	-	662.00	505.62	702.82	2,751.80	233.08	-	891.36	734.96	892.40	2,629.34	389.72	-	584.54	428.12	1,226.96
Retiree + DP's Child(ren)	1,254.12	(34.82)	-	662.00	189.60	437.34	1,894.54	160.00	-	891.36	275.62	567.56	1,810.34	267.68	-	584.54	160.54	797.58
Retiree + Children of both	1,254.12	(34.82)	-	851.60	-	437.34	1,894.54	160.00	-	1,166.98	-	567.56	1,810.34	267.68	-	745.08	-	797.58
Retiree + DP + Ret's Child(ren)	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	276.94	-	1,166.98	734.96	1,087.30	3,120.76	462.94	-	745.08	428.14	1,484.60
Retiree + DP + DP's Child(ren)	2,160.02	(59.28)	-	662.00	695.20	862.10	3,266.18	276.94	-	891.36	1,010.58	1,087.30	3,120.76	462.94	-	584.54	588.68	1,484.60
Retiree + DP + Children of both	2,160.02	(59.28)	-	851.60	505.60	862.10	3,266.18	276.94	-	1,166.98	734.96	1,087.30	3,120.76	462.94	-	745.08	428.14	1,484.60

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.95	1,085.08	1,335.59
Participant + Spouse/DP	1,672.82	2,155.04	2,656.06
Participant + Child(ren)	1,154.78	1,486.30	1,830.76
Participant + Family	1,983.63	2,556.28	3,151.23
Non State Employee			
Participant	837.54	1,078.65	1,329.16
Participant + Spouse/DP	1,666.39	2,148.63	2,649.65
Participant + Child(ren)	1,148.36	1,479.90	1,824.35
Participant + Family	1,977.21	2,549.86	3,144.82
Spouse/DP Only	837.53	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,148.36	1,479.89	1,824.34
Non State Retiree			
Participant	939.11	1,414.18	1,351.72
Participant + Spouse/DP	1,863.13	2,813.25	2,688.34
Participant + Child(ren)	1,285.62	1,938.84	1,852.95
Participant + Family	2,209.64	3,337.91	3,189.58
Non State Employee			
Participant	932.71	1,407.76	1,345.32
Participant + Spouse/DP	1,856.73	2,806.84	2,681.93
Participant + Child(ren)	1,279.20	1,932.43	1,846.55
Participant + Family	2,203.22	3,331.50	3,183.18
Spouse/DP Only	932.70	1,407.76	1,345.31
Spouse/DP + Child(ren)	1,279.20	1,932.42	1,846.54

Plan Year 2027 Rates

Effective July 1, 2026

Scenario 3A: December 2025 Approved plan designs with MaxOOP for all plans remaining at PY26 levels

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.22	766.84	-	-	60.38	1,070.08	766.84	-	-	303.24	1,307.08	766.84	-	-	540.24
Employee + Spouse	1,639.64	1,322.80	-	-	316.84	2,125.36	1,322.80	-	-	802.56	2,599.36	1,322.80	-	-	1,276.56
Employee + Child(ren)	1,131.88	975.32	-	-	156.56	1,465.82	975.32	-	-	490.50	1,791.68	975.32	-	-	816.36
Employee + Family	1,944.30	1,531.28	-	-	413.02	2,521.10	1,531.28	-	-	989.82	3,083.96	1,531.28	-	-	1,552.68

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	820.94	568.70	(25.82)	-	278.06	1,063.80	568.70	-	-	495.10	1,300.80	568.70	-	-	732.10
Retiree + Spouse	1,633.36	981.02	(50.48)	-	702.82	2,119.08	981.02	-	-	1,138.06	2,593.08	981.02	-	-	1,612.06
Retiree + Child(ren)	1,125.60	723.32	(35.06)	-	437.34	1,459.52	723.32	-	-	736.20	1,785.40	723.32	-	-	1,062.08
Retiree + Family	1,938.00	1,135.62	(59.72)	-	862.10	2,514.80	1,135.62	-	-	1,379.18	3,077.68	1,135.62	-	-	1,942.06
Surviving/Unsubsidized Dependent	820.93	-	-	-	820.93	1,063.79	-	-	-	1,063.79	1,300.79	-	-	-	1,300.79
Surviving/Unsubsidized Spouse + Child(ren)	1,125.59	-	-	-	1,125.59	1,459.52	-	-	-	1,459.52	1,785.39	-	-	-	1,785.39

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.63	-	920.63	1,391.11	-	1,391.11	1,323.72	-	1,323.72
Employee + Spouse/DP	1,826.46	-	1,826.46	2,767.42	-	2,767.42	2,632.63	-	2,632.63
Employee + Child(ren)	1,260.32	-	1,260.32	1,907.23	-	1,907.23	1,814.56	-	1,814.56
Employee + Family	2,166.14	-	2,166.14	3,283.53	-	3,283.53	3,123.48	-	3,123.48

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.34	662.10	(25.82)	278.06	1,384.82	889.72	-	495.10	1,317.44	585.34	-	732.10
Retiree + Spouse/DP	1,820.18	1,167.84	(50.48)	702.82	2,761.14	1,623.08	-	1,138.06	2,626.34	1,014.28	-	1,612.06
Retiree + Child(ren)	1,254.04	851.76	(35.06)	437.34	1,900.94	1,164.74	-	736.20	1,808.28	746.20	-	1,062.08
Retiree + Family	2,159.86	1,357.48	(59.72)	862.10	3,277.24	1,898.06	-	1,379.18	3,117.20	1,175.14	-	1,942.06
Surviving/Unsubsidized	914.34	-	-	914.34	1,384.82	-	-	1,384.82	1,317.43	-	-	1,317.43
Surviving/Unsubsidized	1,254.03	-	-	1,254.03	1,900.94	-	-	1,900.94	1,808.27	-	-	1,808.27

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,639.64	-	-	766.84	555.96	316.84	60.38	256.46
Employee + DP's Child(ren)	1,131.88	-	-	766.84	208.48	156.56	60.38	96.18
Employee + Children of both	1,131.88	-	-	975.32	-	156.56	156.56	-
Employee + DP + EE's Child(ren)	1,944.30	-	-	975.32	555.96	413.02	156.56	256.46
Employee + DP + DP's Child(ren)	1,944.30	-	-	766.84	764.44	413.02	60.38	352.64
Employee + DP + Children of both	1,944.30	-	-	975.32	555.96	413.02	156.56	256.46

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,125.36	-	-	766.84	555.96	802.56	303.24	499.32
Employee + DP's Child(ren)	1,465.82	-	-	766.84	208.48	490.50	303.24	187.26
Employee + Children of both	1,465.82	-	-	975.32	-	490.50	490.50	-
Employee + DP + EE's Child(ren)	2,521.10	-	-	975.32	555.96	989.82	490.50	499.32
Employee + DP + DP's Child(ren)	2,521.10	-	-	766.84	764.44	989.82	303.24	686.58
Employee + DP + Children of both	2,521.10	-	-	975.32	555.96	989.82	490.50	499.32

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,599.36	-	-	766.84	555.96	1,276.56	540.24	736.32
Employee + DP's Child(ren)	1,791.68	-	-	766.84	208.48	816.36	540.24	276.12
Employee + Children of both	1,791.68	-	-	975.32	-	816.36	816.36	-
Employee + DP + EE's Child(ren)	3,083.96	-	-	975.32	555.96	1,552.68	816.36	736.32
Employee + DP + DP's Child(ren)	3,083.96	-	-	766.84	764.44	1,552.68	540.24	1,012.44
Employee + DP + Children of both	3,083.96	-	-	975.32	555.96	1,552.68	816.36	736.32

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,633.36	(50.48)	-	568.70	412.32	702.82	2,119.08	-	-	568.70	412.32	1,138.06	2,593.08	-	-	568.70	412.32	1,612.06
Retiree + DP's Child(ren)	1,125.60	(35.06)	-	568.70	154.62	437.34	1,459.52	-	-	568.70	154.62	736.20	1,785.40	-	-	568.70	154.62	1,062.08
Retiree + Children of both	1,125.60	(35.06)	-	723.32	-	437.34	1,459.52	-	-	723.32	-	736.20	1,785.40	-	-	723.32	-	1,062.08
Retiree + DP + Ret's Child(ren)	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	-	-	723.32	412.30	1,379.18	3,077.68	-	-	723.32	412.30	1,942.06
Retiree + DP + DP's Child(ren)	1,938.00	(59.72)	-	568.70	566.92	862.10	2,514.80	-	-	568.70	566.92	1,379.18	3,077.68	-	-	568.70	566.92	1,942.06
Retiree + DP + Children of both	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	-	-	723.32	412.30	1,379.18	3,077.68	-	-	723.32	412.30	1,942.06

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,820.18	(50.48)	-	662.10	505.74	702.82	2,761.14	-	-	889.72	733.36	1,138.06	2,626.34	-	-	585.34	428.94	1,612.06
Retiree + DP's Child(ren)	1,254.04	(35.06)	-	662.10	189.66	437.34	1,900.94	-	-	889.72	275.02	736.20	1,808.28	-	-	585.34	160.86	1,062.08
Retiree + Children of both	1,254.04	(35.06)	-	851.76	-	437.34	1,900.94	-	-	1,164.74	-	736.20	1,808.28	-	-	746.20	-	1,062.08
Retiree + DP + Ret's Child(ren)	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	-	-	1,164.74	733.32	1,379.18	3,117.20	-	-	746.20	428.94	1,942.06
Retiree + DP + DP's Child(ren)	2,159.86	(59.72)	-	662.10	695.38	862.10	3,277.24	-	-	889.72	1,008.34	1,379.18	3,117.20	-	-	585.34	589.80	1,942.06
Retiree + DP + Children of both	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	-	-	1,164.74	733.32	1,379.18	3,117.20	-	-	746.20	428.94	1,942.06

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.76	1,091.48	1,333.22
Participant + Spouse/DP	1,672.43	2,167.87	2,651.35
Participant + Child(ren)	1,154.52	1,495.14	1,827.51
Participant + Family	1,983.19	2,571.52	3,145.64
Non State Employee			
Participant	837.36	1,085.08	1,326.82
Participant + Spouse/DP	1,666.03	2,161.46	2,644.94
Participant + Child(ren)	1,148.11	1,488.71	1,821.11
Participant + Family	1,976.76	2,565.10	3,139.23
Spouse/DP Only	837.35	1,085.07	1,326.81
Spouse/DP + Child(ren)	1,148.10	1,488.71	1,821.10
Non State Retiree			
Participant	939.04	1,418.93	1,350.19
Participant + Spouse/DP	1,862.99	2,822.77	2,685.28
Participant + Child(ren)	1,285.53	1,945.37	1,850.85
Participant + Family	2,209.46	3,349.20	3,185.95
Non State Retiree			
Participant	932.63	1,412.52	1,343.79
Participant + Spouse/DP	1,856.58	2,816.36	2,678.87
Participant + Child(ren)	1,279.12	1,938.96	1,844.45
Participant + Family	2,203.06	3,342.78	3,179.54
Spouse/DP Only	932.63	1,412.52	1,343.78
Spouse/DP + Child(ren)	1,279.11	1,938.96	1,844.44

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 3B: December 2025 Approved plan designs with MaxOOP for all plans remaining at PY26 levels - with 2-YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.22	766.84	2.56		57.82	1,070.08	766.84	105.72		197.52	1,307.08	766.84	160.16		380.08
Employee + Spouse	1,639.64	1,322.80	1.44		315.40	2,125.36	1,322.80	207.78		594.78	2,599.36	1,322.80	316.66		959.90
Employee + Child(ren)	1,131.88	975.32	2.14		154.42	1,465.82	975.32	144.00		346.50	1,791.68	975.32	218.84		597.52
Employee + Family	1,944.30	1,531.28	1.04		411.98	2,521.10	1,531.28	246.06		743.76	3,083.96	1,531.28	375.34		1,177.34

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	820.94	568.70	(25.82)		278.06	1,063.80	568.70	90.26		404.84	1,300.80	568.70	144.70		587.40
Retiree + Spouse	1,633.36	981.02	(50.48)		702.82	2,119.08	981.02	181.10		956.96	2,593.08	981.02	289.98		1,322.08
Retiree + Child(ren)	1,125.60	723.32	(35.06)		437.34	1,459.52	723.32	124.32		611.88	1,785.40	723.32	199.18		862.90
Retiree + Family	1,938.00	1,135.62	(59.72)		862.10	2,514.80	1,135.62	215.16		1,164.02	3,077.68	1,135.62	344.46		1,597.60
Surviving/Unsubsidized Dependent	820.93	-	-	-	820.93	1,063.79	-	-	-	1,063.79	1,300.79	-	-	-	1,300.79
Surviving/Unsubsidized Spouse + Child(ren)	1,125.59	-	-	-	1,125.59	1,459.52	-	-	-	1,459.52	1,785.39	-	-	-	1,785.39

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.63	-	920.63	1,391.11	-	1,391.11	1,323.72	-	1,323.72
Employee + Spouse/DP	1,826.46	-	1,826.46	2,767.42	-	2,767.42	2,632.63	-	2,632.63
Employee + Child(ren)	1,260.32	-	1,260.32	1,907.23	-	1,907.23	1,814.56	-	1,814.56
Employee + Family	2,166.14	-	2,166.14	3,283.53	-	3,283.53	3,123.48	-	3,123.48

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.34	662.10	(25.82)	278.06	1,384.82	889.72	90.26	404.84	1,317.44	585.34	144.70	587.40
Retiree + Spouse/DP	1,820.18	1,167.84	(50.48)	702.82	2,761.14	1,623.08	181.10	956.96	2,626.34	1,014.28	289.98	1,322.08
Retiree + Child(ren)	1,254.04	851.76	(35.06)	437.34	1,900.94	1,164.74	124.32	611.88	1,803.28	746.20	199.18	862.90
Retiree + Family	2,159.86	1,357.48	(59.72)	862.10	3,277.24	1,898.06	215.16	1,164.02	3,117.20	1,175.14	344.46	1,597.60
Surviving/Unsubsidized	914.34	-	-	914.34	1,384.82	-	-	1,384.82	1,317.43	-	-	1,317.43
Surviving/Unsubsidized	1,254.03	-	-	1,254.03	1,900.94	-	-	1,900.94	1,808.27	-	-	1,808.27

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,639.64	1.44	-	766.84	555.96	315.40	57.82	257.58
Employee + DP's Child(ren)	1,131.88	2.14	-	766.84	208.48	154.42	57.82	96.60
Employee + Children of both	1,131.88	2.14	-	975.32	0.00	154.42	154.42	-
Employee + DP + EE's Child(ren)	1,944.30	1.04	-	975.32	555.96	411.98	154.42	257.56
Employee + DP + DP's Child(ren)	1,944.30	1.04	-	766.84	764.44	411.98	57.82	354.16
Employee + DP + Children of both	1,944.30	1.04	-	975.32	555.96	411.98	154.42	257.56

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,125.36	207.78	-	766.84	555.96	594.78	197.52	397.26
Employee + DP's Child(ren)	1,465.82	144.00	-	766.84	208.48	346.50	197.52	148.98
Employee + Children of both	1,465.82	144.00	-	975.32	-	346.50	346.50	-
Employee + DP + EE's Child(ren)	2,521.10	246.06	-	975.32	555.96	743.76	346.50	397.26
Employee + DP + DP's Child(ren)	2,521.10	246.06	-	766.84	764.44	743.76	197.52	546.24
Employee + DP + Children of both	2,521.10	246.06	-	975.32	555.96	743.76	346.50	397.26

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,599.36	316.66	-	766.84	555.96	1,276.56	380.08	896.48
Employee + DP's Child(ren)	1,791.68	218.84	-	766.84	208.48	816.36	380.08	436.28
Employee + Children of both	1,791.68	218.84	-	975.32	-	816.36	597.52	218.84
Employee + DP + EE's Child(ren)	3,083.96	375.34	-	975.32	555.96	1,552.68	597.52	955.16
Employee + DP + DP's Child(ren)	3,083.96	375.34	-	766.84	764.44	1,552.68	380.08	1,172.60
Employee + DP + Children of both	3,083.96	375.34	-	975.32	555.96	1,552.68	597.52	955.16

State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,633.36	(50.48)	-	568.70	412.32	702.82	2,119.08	181.10	-	568.70	412.32	956.96	2,593.08	289.98	-	568.70	412.32	1,322.08
Retiree + DP's Child(ren)	1,125.60	(35.06)	-	568.70	154.62	437.34	1,459.52	124.32	-	568.70	154.62	611.88	1,785.40	199.18	-	568.70	154.62	862.90
Retiree + Children of both	1,125.60	(35.06)	-	723.32	-	437.34	1,459.52	124.32	-	723.32	-	611.88	1,785.40	199.18	-	723.32	-	862.90
Retiree + DP + Ret's Child(ren)	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	215.16	-	723.32	412.30	1,164.02	3,077.68	344.46	-	723.32	412.30	1,597.60
Retiree + DP + DP's Child(ren)	1,938.00	(59.72)	-	568.70	566.92	862.10	2,514.80	215.16	-	568.70	566.92	1,164.02	3,077.68	344.46	-	568.70	566.92	1,597.60
Retiree + DP + Children of both	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	215.16	-	723.32	412.30	1,164.02	3,077.68	344.46	-	723.32	412.30	1,597.60

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO						Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan						Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium
Retiree + DP	1,820.18	(50.48)	-	662.10	505.74	702.82	2,761.14	181.10	-	889.72	733.36	956.96	2,626.34	289.98	-	585.34	428.94	1,322.08
Retiree + DP's Child(ren)	1,254.04	(35.06)	-	662.10	189.66	437.34	1,900.94	124.32	-	889.72	275.02	611.88	1,808.28	199.18	-	585.34	160.86	862.90
Retiree + Children of both	1,254.04	(35.06)	-	851.76	-	437.34	1,900.94	124.32	-	1,164.74	-	611.88	1,808.28	199.18	-	746.20	-	862.90
Retiree + DP + Ret's Child(ren)	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	215.16	-	1,164.74	733.32	1,164.02	3,117.20	344.46	-	746.20	428.94	1,597.60
Retiree + DP + DP's Child(ren)	2,159.86	(59.72)	-	662.10	695.38	862.10	3,277.24	215.16	-	889.72	1,008.34	1,164.02	3,117.20	344.46	-	585.34	589.80	1,597.60
Retiree + DP + Children of both	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	215.16	-	1,164.74	733.32	1,164.02	3,117.20	344.46	-	746.20	428.94	1,597.60

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.76	1,091.48	1,333.22
Participant + Spouse/DP	1,672.43	2,167.87	2,651.35
Participant + Child(ren)	1,154.52	1,495.14	1,827.51
Participant + Family	1,983.19	2,571.52	3,145.64
Non State Employee			
Participant	837.36	1,085.08	1,326.82
Participant + Spouse/DP	1,666.03	2,161.46	2,644.94
Participant + Child(ren)	1,148.11	1,488.71	1,821.11
Participant + Family	1,976.76	2,565.10	3,139.23
Spouse/DP Only	837.35	1,085.07	1,326.81
Spouse/DP + Child(ren)	1,148.10	1,488.71	1,821.10
Non State Employee			
Participant	939.04	1,418.93	1,350.19
Participant + Spouse/DP	1,862.99	2,822.77	2,685.28
Participant + Child(ren)	1,285.53	1,945.37	1,850.85
Participant + Family	2,209.46	3,349.20	3,185.95
Non State Retiree			
Participant	932.63	1,412.52	1,343.79
Participant + Spouse/DP	1,856.58	2,816.36	2,678.87
Participant + Child(ren)	1,279.12	1,938.96	1,844.45
Participant + Family	2,203.06	3,342.78	3,179.54
Spouse/DP Only	932.63	1,412.52	1,343.78
Spouse/DP + Child(ren)	1,279.11	1,938.96	1,844.44

Plan Year 2027 Rates
Effective July 1, 2026

Scenario 3C: December 2025 Approved plan designs with MaxOOP for all plans remaining at PY26 levels - with 3-YR Phase-In

Plan Year 2027 BUDGETED State Rates - Active Employees

State Active Employees	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Employee Only	827.22	766.84	3.40		56.98	1,070.08	766.84	140.96		162.28	1,307.08	766.84	213.54		326.70
Employee + Spouse	1,639.64	1,322.80	1.92		314.92	2,125.36	1,322.80	277.04		525.52	2,599.36	1,322.80	422.22		854.34
Employee + Child(ren)	1,131.88	975.32	2.86		153.70	1,465.82	975.32	192.02		298.48	1,791.68	975.32	291.80		524.56
Employee + Family	1,944.30	1,531.28	1.38		411.64	2,521.10	1,531.28	328.10		661.72	3,083.96	1,531.28	500.46		1,052.22

Plan Year 2027 BUDGETED State Rates - Retirees

State Retirees Non Medicare	Statewide CDHP					Copay PPO					EPO/HMO				
	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Excess Subsidy	Participant Premium
Retiree only	820.94	568.70	(25.82)		278.06	1,063.80	568.70	120.34		374.76	1,300.80	568.70	192.94		539.16
Retiree + Spouse	1,633.36	981.02	(50.48)		702.82	2,119.08	981.02	241.46		896.60	2,593.08	981.02	386.64		1,225.42
Retiree + Child(ren)	1,125.60	723.32	(35.06)		437.34	1,459.52	723.32	165.76		570.44	1,785.40	723.32	265.56		796.52
Retiree + Family	1,938.00	1,135.62	(59.72)		862.10	2,514.80	1,135.62	286.90		1,092.28	3,077.68	1,135.62	459.30		1,482.76
Surviving/Unsubsidized Dependent	820.93	-	-	-	820.93	1,063.79	-	-	-	1,063.79	1,300.79	-	-	-	1,300.79
Surviving/Unsubsidized Spouse + Child(ren)	1,125.59	-	-	-	1,125.59	1,459.52	-	-	-	1,459.52	1,785.39	-	-	-	1,785.39

Plan Year 2027 BUDGETED Non-State Rates - Active Employees

Non State Active Employees	Statewide CDHP			Copay PPO			EPO/HMO		
	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium	Rate	Base Subsidy	Participant Premium
Employee Only	920.63	-	920.63	1,391.11	-	1,391.11	1,323.72	-	1,323.72
Employee + Spouse/DP	1,826.46	-	1,826.46	2,767.42	-	2,767.42	2,632.63	-	2,632.63
Employee + Child(ren)	1,260.32	-	1,260.32	1,907.23	-	1,907.23	1,814.56	-	1,814.56
Employee + Family	2,166.14	-	2,166.14	3,283.53	-	3,283.53	3,123.48	-	3,123.48

Non State Retirees Non Medicare	Statewide CDHP				Copay PPO				EPO/HMO			
	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium	Rate	Base Subsidy	Rate Adjustment	Participant Premium
Retiree only	914.34	662.10	(25.82)	278.06	1,384.82	889.72	120.34	374.76	1,317.44	585.34	192.94	539.16
Retiree + Spouse/DP	1,820.18	1,167.84	(50.48)	702.82	2,761.14	1,623.08	241.46	896.60	2,626.34	1,014.28	386.64	1,225.42
Retiree + Child(ren)	1,254.04	851.76	(35.06)	437.34	1,900.94	1,164.74	165.76	570.44	1,808.28	746.20	265.56	796.52
Retiree + Family	2,159.86	1,357.48	(59.72)	862.10	3,277.24	1,898.06	286.90	1,092.28	3,117.20	1,175.14	459.30	1,482.76
Surviving/Unsubsidized	914.34	-	-	914.34	1,384.82	-	-	1,384.82	1,317.43	-	-	1,317.43
Surviving/Unsubsidized	1,254.03	-	-	1,254.03	1,900.94	-	-	1,900.94	1,808.27	-	-	1,808.27

Plan Year 2027 BUDGETED State Domestic Partner Rates - Active Employees

State Active Employees	Statewide PPO							
	Unsubsidized Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	1,639.64	1.92	-	766.84	555.96	314.92	56.98	257.94
Employee + DP's Child(ren)	1,131.88	2.86	-	766.84	208.48	153.70	56.98	96.72
Employee + Children of both	1,131.88	2.86	-	975.32	(0.00)	153.70	153.70	-
Employee + DP + EE's Child(ren)	1,944.30	1.38	-	975.32	555.96	411.64	153.70	257.94
Employee + DP + DP's Child(ren)	1,944.30	1.38	-	766.84	764.44	411.64	56.98	354.66
Employee + DP + Children of both	1,944.30	1.38	-	975.32	555.96	411.64	153.70	257.94

State Active Employees	Statewide Copay PPO Plan							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,125.36	277.04	-	766.84	555.96	525.52	162.28	363.24
Employee + DP's Child(ren)	1,465.82	192.02	-	766.84	208.48	298.48	162.28	136.20
Employee + Children of both	1,465.82	192.02	-	975.32	-	298.48	298.48	-
Employee + DP + EE's Child(ren)	2,521.10	328.10	-	975.32	555.96	661.72	298.48	363.24
Employee + DP + DP's Child(ren)	2,521.10	328.10	-	766.84	764.44	661.72	162.28	499.44
Employee + DP + Children of both	2,521.10	328.10	-	975.32	555.96	661.72	298.48	363.24

State Active Employees	Statewide EPO/HMO							
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Pre Tax Deduction	Post Tax Deduction
Employee + DP	2,599.36	422.22	-	766.84	555.96	1,276.56	326.70	949.86
Employee + DP's Child(ren)	1,791.68	291.80	-	766.84	208.48	816.36	326.70	489.66
Employee + Children of both	1,791.68	291.80	-	975.32	-	816.36	524.56	291.80
Employee + DP + EE's Child(ren)	3,083.96	500.46	-	975.32	555.96	1,552.68	524.56	1,028.12
Employee + DP + DP's Child(ren)	3,083.96	500.46	-	766.84	764.44	1,552.68	326.70	1,225.98
Employee + DP + Children of both	3,083.96	500.46	-	975.32	555.96	1,552.68	524.56	1,028.12

State Retirees Non Medicare	Statewide PPO							Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan							Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	
Retiree + DP	1,633.36	(50.48)	-	568.70	412.32	702.82	2,119.08	241.46	-	568.70	412.32	896.60	2,593.08	386.64	-	568.70	412.32	1,225.42	
Retiree + DP's Child(ren)	1,125.60	(35.06)	-	568.70	154.62	437.34	1,459.52	165.76	-	568.70	154.62	570.44	1,785.40	265.56	-	568.70	154.62	796.52	
Retiree + Children of both	1,125.60	(35.06)	-	723.32	-	437.34	1,459.52	165.76	-	723.32	-	570.44	1,785.40	265.56	-	723.32	-	796.52	
Retiree + DP + Ret's Child(ren)	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	286.90	-	723.32	412.30	1,092.28	3,077.68	459.30	-	723.32	412.30	1,482.76	
Retiree + DP + DP's Child(ren)	1,938.00	(59.72)	-	568.70	566.92	862.10	2,514.80	286.90	-	568.70	566.92	1,092.28	3,077.68	459.30	-	568.70	566.92	1,482.76	
Retiree + DP + Children of both	1,938.00	(59.72)	-	723.32	412.30	862.10	2,514.80	286.90	-	723.32	412.30	1,092.28	3,077.68	459.30	-	723.32	412.30	1,482.76	

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Retirees

Non State Retirees Non Medicare	Statewide PPO							Statewide Copay PPO						Statewide EPO/HMO					
	PPO Consumer Driven High Deductible Health Plan							Copay PPO											
	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	Rate	Rate Adjustment	Excess Subsidy	Base Subsidy	Taxable Subsidy	Participant Premium	
Retiree + DP	1,820.18	(50.48)	-	662.10	505.74	702.82	2,761.14	241.46	-	889.72	733.36	896.60	2,626.34	386.64	-	585.34	428.94	1,225.42	
Retiree + DP's Child(ren)	1,254.04	(35.06)	-	662.10	189.66	437.34	1,900.94	165.76	-	889.72	275.02	570.44	1,808.28	265.56	-	585.34	160.86	796.52	
Retiree + Children of both	1,254.04	(35.06)	-	851.76	-	437.34	1,900.94	165.76	-	1,164.74	-	570.44	1,808.28	265.56	-	746.20	-	796.52	
Retiree + DP + Ret's Child(ren)	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	286.90	-	1,164.74	733.32	1,092.28	3,117.20	459.30	-	746.20	428.94	1,482.76	
Retiree + DP + DP's Child(ren)	2,159.86	(59.72)	-	662.10	695.38	862.10	3,277.24	286.90	-	889.72	1,008.34	1,092.28	3,117.20	459.30	-	585.34	589.80	1,482.76	
Retiree + DP + Children of both	2,159.86	(59.72)	-	851.76	505.72	862.10	3,277.24	286.90	-	1,164.74	733.32	1,092.28	3,117.20	459.30	-	746.20	428.94	1,482.76	

Plan Year 2027 BUDGETED State and Non-State Retiree Years of Service Subsidy

YOS	State/Non-State
5	+525.00
6	+472.50
7	+420.00
8	+367.50
9	+315.00
10	+262.50
11	+210.00
12	+157.50
13	+105.00
14	+52.50
15	-
16	-52.50
17	-105.00
18	-157.50
19	-210.00
20	-262.50

Plan Year 2027 BUDGETED Exchange Retiree HRA Contributions and Dental Rates

YOS	Contri bution
5	+65.00
6	+78.00
7	+91.00
8	+104.00
9	+117.00
10	+130.00
11	+143.00
12	+156.00
13	+169.00
14	+182.00
15	+195.00
16	+208.00
17	+221.00
18	+234.00
19	+247.00
20	+260.00

Voluntary Dental Coverage	State Rate	Non-State Rate
Retiree only	55.85	52.74
Retiree + Spouse/DP	111.70	105.48
Surviving/Unsubsidized Spouse/DP	55.85	52.74

Plan Year 2027 BUDGETED COBRA Rates

	Statewide PPO	Copay	Statewide EPO/HMO
State Employee			
Participant	843.76	1,091.48	1,333.22
Participant + Spouse/DP	1,672.43	2,167.87	2,651.35
Participant + Child(ren)	1,154.52	1,495.14	1,827.51
Participant + Family	1,983.19	2,571.52	3,145.64
Non State Employee			
Participant	837.36	1,085.08	1,326.82
Participant + Spouse/DP	1,666.03	2,161.46	2,644.94
Participant + Child(ren)	1,148.11	1,488.71	1,821.11
Participant + Family	1,976.76	2,565.10	3,139.23
Spouse/DP Only	837.35	1,085.07	1,326.81
Spouse/DP + Child(ren)	1,148.10	1,488.71	1,821.10
Non State Retiree			
Participant	939.04	1,418.93	1,350.19
Participant + Spouse/DP	1,862.99	2,822.77	2,685.28
Participant + Child(ren)	1,285.53	1,945.37	1,850.85
Participant + Family	2,209.46	3,349.20	3,185.95
Non State Employee			
Participant	932.63	1,412.52	1,343.79
Participant + Spouse/DP	1,856.58	2,816.36	2,678.87
Participant + Child(ren)	1,279.12	1,938.96	1,844.45
Participant + Family	2,203.06	3,342.78	3,179.54
Spouse/DP Only	932.63	1,412.52	1,343.78
Spouse/DP + Child(ren)	1,279.11	1,938.96	1,844.44