

**Plan Year 2027 Rates**  
Effective July 1, 2026

**Board Approved as of 3/19/2026**  
**Scenario 1D: December 2025 Approved plan designs - 3YR Phase-In for CDHP and Copay PPO; 2-YR Phase-In for EPO/HMO**

**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	161.32		381.24
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	318.98		962.20
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	220.44		599.10
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	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	116.14		372.66	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	233.08		892.40	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	160.00		567.56	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	276.94		1,087.30	3,083.16	1,135.62	347.20		1,600.34
Surviving/Unsubsidized Dependent	813.26	-	-	-	813.26	1,057.50	-	-	-	1,057.50	1,303.10	-	-	-	1,303.10
Surviving/Unsubsidized Spouse + Child(ren)	1,115.02	-	-	-	1,115.02	1,450.88	-	-	-	1,450.88	1,788.58	-	-	-	1,788.58

**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

**Plan Year 2027 BUDGETED Non-State Rates - Retirees**

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	145.84	588.56
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	292.30	1,324.38
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	200.76	864.50
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	347.20	1,600.34
Surviving/Unsubsidized	906.06	-	-	906.06	1,380.16	-	-	1,380.16	1,318.94	-	-	1,318.94
Surviving/Unsubsidized	1,242.64	-	-	1,242.64	1,894.54	-	-	1,894.54	1,810.34	-	-	1,810.34

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	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	318.98	-	766.84	555.96	962.20	381.24	580.96
Employee + DP's Child(ren)	1,794.86	220.44	-	766.84	208.48	599.10	381.24	217.86
Employee + Children of both	1,794.86	220.44	-	975.32	(0.00)	599.10	599.10	-
Employee + DP + EE's Child(ren)	3,089.44	378.08	-	975.32	555.96	1,180.08	599.10	580.98
Employee + DP + DP's Child(ren)	3,089.44	378.08	-	766.84	764.44	1,180.08	381.24	798.84
Employee + DP + Children of both	3,089.44	378.08	-	975.32	555.96	1,180.08	599.10	580.96

Plan Year 2027 BUDGETED Non-State Domestic Partner Rates - Active Employees

Non-State Active Employees	Statewide PPO			
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	1,809.90	-	-	1,809.90
Employee + DP's Child(ren)	1,248.93	-	-	1,248.93
Employee + Children of both	1,248.93	-	-	1,248.93
Employee + DP + EE's Child(ren)	2,146.48	-	-	2,146.48
Employee + DP + DP's Child(ren)	2,146.48	-	-	2,146.48
Employee + DP + Children of both	2,146.48	-	-	2,146.48

Non-State Active Employees	Statewide Copay PPO Plan			
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	2,758.09	-	-	2,758.09
Employee + DP's Child(ren)	1,900.82	-	-	1,900.82
Employee + Children of both	1,900.82	-	-	1,900.82
Employee + DP + EE's Child(ren)	3,272.46	-	-	3,272.46
Employee + DP + DP's Child(ren)	3,272.46	-	-	3,272.46
Employee + DP + Children of both	3,272.46	-	-	3,272.46

Non-State Active Employees	Statewide EPO/HMO			
	Rate	Base Subsidy	Taxable Subsidy	Participant Premium
Employee + DP	2,635.63	-	-	2,635.63
Employee + DP's Child(ren)	1,816.62	-	-	1,816.62
Employee + Children of both	1,816.62	-	-	1,816.62
Employee + DP + EE's Child(ren)	3,127.04	-	-	3,127.04
Employee + DP + DP's Child(ren)	3,127.04	-	-	3,127.04
Employee + DP + Children of both	3,127.04	-	-	3,127.04

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

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	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	160.00	-	568.70	154.62	567.56	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	160.00	-	723.32	-	567.56	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	276.94	-	723.32	412.30	1,087.30	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	276.94	-	568.70	566.92	1,087.30	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	276.94	-	723.32	412.30	1,087.30	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	233.08	-	891.36	734.96	892.40	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	160.00	-	891.36	275.62	567.56	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	160.00	-	1,166.98	-	567.56	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	276.94	-	1,166.98	734.96	1,087.30	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	276.94	-	891.36	1,010.58	1,087.30	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	276.94	-	1,166.98	734.96	1,087.30	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
<b>State Employee</b>			
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
<b>State Retiree</b>			
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	829.53	1,078.65	1,329.16
Spouse/DP + Child(ren)	1,137.32	1,479.90	1,824.35
<b>Non-State Employee</b>			
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
<b>Non-State Retiree</b>			
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	1,345.32
Spouse/DP + Child(ren)	1,267.49	1,932.43	1,846.55