2027 Medical Plan Premiums

Medical and Pharmacy Premiums			*Bi-Weekly Rates*
Cigna	**Total Premium**	**Employee Contribution**	**County Contribution**
HDHP Employee only	$528.84	$23.32	$505.52
HDHP Employee + spouse	$1,094.00	$150.71	$943.29
HDHP Employee + child(ren)	$991.33	$119.34	$871.99
HDHP Employee + family	$1,436.42	$266.15	$1,170.27
LDHP Employee only	$573.81	$38.85	$534.96
LDHP Employee + spouse	$1,163.87	$180.71	$983.16
LDHP Employee + child(ren)	$1,062.85	$147.17	$915.68
LDHP Employee + family	$1,530.83	$310.24	$1,220.59
SureFit Employee only	$511.27	$0	$511.27
SureFit Employee + spouse	$1,032.16	$138.45	$893.71
SureFit Employee + child(ren)	$944.41	$92.30	$852.11
SureFit Employee + family	$1,359.16	$230.76	$1,128.40