2026 - 2027 Meritain 3400/6800 QHDHP Embedded HSA (Aetna Choice POS II -Standard)	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 600.00	$ 468.00	**$ 132.00**	$ 66.00
Employee + Spouse	$ 1,400.00	$ 700.00	**$ 700.00**	$ 350.00
Employee + Child(ren)	$ 1,450.00	$ 725.00	**$ 725.00**	$ 362.50
Employee + Family	$ 1,500.00	$ 750.00	**$ 750.00**	$ 375.00
Employee + Domestic Partner	$ 1,400.00	$ 700.00	**$ 700.00**	$ 350.00

2026-2027 Meritain 3400/6800 QHDHP Embedded HSA (Aetna Whole Health - IHC)	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 600.00	$ 468.00	**$ 132.00**	$ 66.00
Employee + Spouse	$ 1,400.00	$ 700.00	**$ 700.00**	$ 350.00
Employee + Child(ren)	$ 1,450.00	$ 725.00	**$ 725.00**	$ 362.50
Employee + Family	$ 1,500.00	$ 750.00	**$ 750.00**	$ 375.00
Employee + Domestic Partner	$ 1,400.00	$ 700.00	**$ 700.00**	$ 350.00

2026-2027 Meritain 3500/7000 Copay PPO Plan (Aetna Choice POS II - Standard)	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 1,170.00	$ 351.00	**$ 819.00**	$ 409.50
Employee + Spouse	$ 2,000.00	$ 600.00	**$ 1,400.00**	$ 700.00
Employee + Child(ren)	$ 1,800.00	$ 540.00	**$ 1,260.00**	$ 630.00
Employee + Family	$ 3,100.00	$ 930.00	**$ 2,170.00**	$ 1,085.00
Employee + Domestic Partner	$ 2,000.00	$ 600.00	**$ 1,400.00**	$ 700.00

2026-2027 Meritain 3500/7000 Copay PPO Plan (Aetna Whole Health - IHC)	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 1,170.00	$ 351.00	**$ 819.00**	$ 409.50
Employee + Spouse	$ 2,000.00	$ 600.00	**$ 1,400.00**	$ 700.00
Employee + Child(ren)	$ 1,800.00	$ 540.00	**$ 1,260.00**	$ 630.00
Employee + Family	$ 3,100.00	$ 930.00	**$ 2,170.00**	$ 1,085.00
Employee + Domestic Partner	$ 2,000.00	$ 600.00	**$ 1,400.00**	$ 700.00

2026 - 2027 Sun Life Voluntary High Dental Plan	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 44.14	$ -	**$ 44.14**	$ 22.07
Employee + Spouse	$ 86.10	$ -	**$ 86.10**	$ 43.05
Employee + Child(ren)	$ 117.92	$ -	**$ 117.92**	$ 58.96
Employee + Family	$ 159.88	$ -	**$ 159.88**	$ 79.94
Employee + Domestic Partner	$ 86.10	$ -	**$ 86.10**	$ 43.05

2026 - 2027 Sun Life Voluntary Low Dental Plan	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 32.49	$ -	**$ 32.49**	$ 16.25
Employee + Spouse	$ 63.34	$ -	**$ 63.34**	$ 31.67
Employee + Child(ren)	$ 83.64	$ -	**$ 83.64**	$ 41.82
Employee + Family	$ 114.49	$ -	**$ 114.49**	$ 57.25
Employee + Domestic Partner	$ 63.34	$ -	**$ 63.34**	$ 31.67

2026 - 2027 Sun Life Voluntary Vision Plan	Composite Rate	Employer Contribution	Employee Monthly Rate	Employee Bi-Monthly Rate
Employee	$ 8.36	$ -	**$ 8.36**	$ 4.18
Employee + Spouse	$ 15.54	$ -	**$ 15.54**	$ 7.77
Employee + Child(ren)	$ 16.57	$ -	**$ 16.57**	$ 8.29
Employee + Family	$ 25.37	$ -	**$ 25.37**	$ 12.69
Employee + Domestic Partner	$ 15.54	$ -	**$ 15.54**	$ 7.77