# 2027 Benefit Premiums – ReWorks

The charts below summarize County and Employee benefit premiums for coverage in 2027.

## *Medical & Prescription Coverage*

SummaCare Plan

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $19.30 | $366.69 |
| Family | $51.98 | $987.57 |

Medical Mutual Maximum Value Plan (HSA)

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $18.98 | $297.42 |
| Family | $51.12 | $800.99 |

Medical Mutual Advantage Plan

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $49.53 | $445.76 |
| Family | $133.38 | $1,200.48 |

**Medical Mutual** MedFlex Plan

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $19.30 | $366.69 |
| Family | $51.98 | $987.57 |

## *Dental Coverage*

Guardian Dental Value & Network Access Plan (NAP)

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $16.16 | $0.00 |
| Family | $47.89 | $0.00 |

## *Vision Coverage*

VSP Vision Care

| | Employee Bi-Weekly | Employer Bi-Weekly |
|---|---|---|
| Single | $2.23 | $0.00 |
| Family | $6.16 | $0.00 |

Monthly Cash Incentive – County employees may receive a $50 monthly cash incentive if they decline medical and prescription coverage through the County and provide proof of other coverage under another medical plan outside of the County's program. Employees who are dependents of another County employee, including a spouse or child, are not eligible for the monthly cash incentive; however, they remain eligible for other benefit programs. Eligibility and participation are subject to the terms of applicable bargaining agreements.