GRAHAM - 2026 vs 2027 MONTHLY PREMIUMS

Benefit	2026 Premium	2027 Premium	
Dental PPO			
Employee	$7.44	$25.45	
Employee + Spouse	$14.70	$51.10	
Employee + Child(ren)	$16.14	$59.97	
Employee + Family	$23.39	$87.52	
Dental HMO			
Employee	$2.43	$0.00	
Employee + Spouse	$4.86	$0.00	
Employee + Child(ren)	$5.78	$0.00	
Employee + Family	$8.89	$0.00	
Vision			
		VSP	**EyeMed**
Employee	$0.00	$0.00	$0.00
Employee + Spouse	$3.94	$7.44	$6.32
Employee + Child(ren)	$4.16	$6.70	$5.58
Employee + Family	$10.73	$9.80	$8.68
MEDICAL PPO			
Employee	$95.49	$92.06	
Employee + Spouse	$296.36	$196.19	
Employee + Child(ren)	$253.20	$170.22	
Employee + Family	$405.08	$275.27	
MEDICAL HDHP			
		HDHP 4K	**HDHP 2K**
Employee	$0.00	$0.00	$38.84
Employee + Spouse	$89.25	$0.00	$82.76
Employee + Child(ren)	$76.49	$0.00	$71.80
Employee + Family	$122.29	$0.00	$116.12
MEDICAL HMO (California only)			
Employee	N/A	$93.07	
Employee + Spouse	N/A	$614.24	
Employee + Child(ren)	N/A	$558.40	
Employee + Family	N/A	$837.60	

Disclaimer *: This information is intended for informational purposes only and does not include all plan details. Official plan documents will be available on January 1, 2027. In the event of any discrepancy, the official plan documents will govern.*