2027

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
PRE-65 RETIREES			
Capital Blue Cross Standard PPO			
RETIREE	$957.53	$813.90	$143.63
SP/SURV SP	957.53	670.27	287.26
RETIREE+SP	2,629.41	1,917.81	711.60
RETIREE/CHILD	2,237.39	1,844.58	392.81
RETIREE/CHILDREN	2,352.12	1,933.37	418.75
FAMILY	2,744.15	2,005.10	739.05
Capital Blue Cross Low Deductible			
RETIREE	$1,222.26	$813.90	$408.36
SP/SURV SP	1,222.26	670.27	551.99
RETIREE+SP	3,475.43	1,917.81	1,557.62
RETIREE/CHILD	2,957.32	1,844.58	1,112.74
RETIREE/CHILDREN	3,108.92	1,933.37	1,175.55
FAMILY	3,627.12	2,005.10	1,622.02
POST-65 RETIREES			
Highmark FreedomBlue PPO			
RETIREE	$315.00	$252.90	$62.10
SP/SURV SP	315.00	196.70	118.30
Delta Dental PPO			
SINGLE COVERAGE	$35.95	-	$35.95
TWO-PARTY	71.93	-	71.93
THREE OR MORE	93.00	-	93.00