



2027 Health Plan Rates

Plan premiums for the two OAMC System Health Plans are broken down by pay structure and salary tier. Wellness credits are not factored into these amounts.

MONTHLY

PPO

	Total Premium	Employee Paid	Employer Paid
Employee	\$802.34	\$50.00	\$752.34
Employee + Spouse	\$1,684.96	\$917.23	\$767.73
Employee + Child(ren)	\$1,444.24	\$718.27	\$725.97
Employee + Family	\$2,567.54	\$1,646.38	\$921.16

HDHP

	Total Premium	Employee Paid	Employer Paid
Employee	\$793.26	\$50.00	\$743.26
Employee + Spouse	\$1,624.40	\$867.20	\$757.20
Employee + Child(ren)	\$1,415.08	\$694.18	\$720.90
Employee + Family	\$2,391.94	\$1,501.58	\$890.36

BIWEEKLY

PPO

	Total Premium	Employee Paid	Employer Paid
Employee	\$401.17	\$25.00	\$376.17
Employee + Spouse	\$842.48	\$458.62	\$383.87
Employee + Child(ren)	\$722.12	\$359.14	\$362.99
Employee + Family	\$1,283.77	\$823.19	\$460.58

HDHP

	Total Premium	Employee Paid	Employer Paid
Employee	\$396.63	\$25.00	\$371.63
Employee + Spouse	\$812.20	\$433.60	\$378.60
Employee + Child(ren)	\$707.54	\$347.09	\$360.45
Employee + Family	\$1,195.97	\$750.79	\$445.18

DENTAL

MONTHLY

	Low	High	Platinum
Employee	\$ - -	\$15.90	\$52.24
Employee + Spouse	\$50.10	\$81.80	\$154.52
Employee + Child(ren)	\$65.12	\$143.76	\$255.36
Employee + Family	\$128.60	\$201.06	\$346.20

BIWEEKLY

	Low	High	Platinum
Employee	\$ - -	\$7.95	\$26.12
Employee + Spouse	\$25.05	\$40.90	\$77.26
Employee + Child(ren)	\$32.56	\$71.88	\$127.68
Employee + Family	\$64.30	\$100.53	\$173.10