2027 Monthly Premium Contributions for Non-Tobacco Users

Who completed the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,125.10	$55.06
Parent-Plus	$1,593.22	$1,452.04	$141.18
Couple	$2,307.72	$1,958.20	$349.52
Family	$2,564.34	$2,153.46	$410.88
Family Cross-Reference*	$1,348.58	$1,259.08	$89.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,102.80	$91.82
Parent-Plus	$1,629.22	$1,367.50	$261.72
Couple	$2,397.02	$1,808.10	$588.92
Family	$2,622.26	$1,884.12	$738.14
Family Cross-Reference*	$1,401.38	$1,225.78	$175.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,119.22	$29.20
Parent-Plus	$1,566.54	$1,497.00	$69.54
Couple	$2,318.24	$2,028.38	$289.86
Family	$2,569.32	$2,221.50	$347.82
Family Cross-Reference*	$1,348.14	$1,315.70	$32.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,044.62	$21.50
Parent-Plus	$1,454.08	$1,396.30	$57.78
Couple	$2,152.06	$1,894.08	$257.98
Family	$2,385.16	$2,074.82	$310.34
Family Cross-Reference*	$1,249.94	$1,219.86	$30.08

Who did NOT complete the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,085.10	$95.06
Parent-Plus	$1,593.22	$1,412.04	$181.18
Couple	$2,307.72	$1,918.20	$389.52
Family	$2,564.34	$2,113.46	$450.88
Family Cross-Reference*	$1,348.58	$1,219.08	$129.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,062.80	$131.82
Parent-Plus	$1,629.22	$1,327.50	$301.72
Couple	$2,397.02	$1,768.10	$628.92
Family	$2,622.26	$1,844.12	$778.14
Family Cross-Reference*	$1,401.38	$1,185.78	$215.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,079.22	$69.20
Parent-Plus	$1,566.54	$1,457.00	$109.54
Couple	$2,318.24	$1,988.38	$329.86
Family	$2,569.32	$2,181.50	$387.82
Family Cross-Reference*	$1,348.14	$1,275.70	$72.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,004.62	$61.50
Parent-Plus	$1,454.08	$1,356.30	$97.78
Couple	$2,152.06	$1,854.08	$297.98
Family	$2,385.16	$2,034.82	$350.34
Family Cross-Reference*	$1,249.94	$1,179.86	$70.08

All employee premium contributions are per employee, per month.

*Family Cross-Reference is not an available payment option if you are hired on January 1, 2025 or after.

2027 Monthly Premium Contributions for Tobacco Users

Who completed the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,085.10	$95.06
Parent-Plus	$1,593.22	$1,372.04	$221.18
Couple	$2,307.72	$1,878.20	$429.52
Family	$2,564.34	$2,073.46	$490.88
Family Cross-Reference*	$1,348.58	$1,219.08	$129.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,062.80	$131.82
Parent-Plus	$1,629.22	$1,287.50	$341.72
Couple	$2,397.02	$1,728.10	$668.92
Family	$2,622.26	$1,804.12	$818.14
Family Cross-Reference*	$1,401.38	$1,185.78	$215.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,079.22	$69.20
Parent-Plus	$1,566.54	$1,417.00	$149.54
Couple	$2,318.24	$1,948.38	$369.86
Family	$2,569.32	$2,141.50	$427.82
Family Cross-Reference*	$1,348.14	$1,275.70	$72.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$1,004.62	$61.50
Parent-Plus	$1,454.08	$1,316.30	$137.78
Couple	$2,152.06	$1,814.08	$337.98
Family	$2,385.16	$1,994.82	$390.34
Family Cross-Reference*	$1,249.94	$1,179.86	$70.08

Who did NOT complete the LivingWell Promise in 2026 for 2027			
LivingWell CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,180.16	$1,045.10	$135.06
Parent-Plus	$1,593.22	$1,332.04	$261.18
Couple	$2,307.72	$1,838.20	$469.52
Family	$2,564.34	$2,033.46	$530.88
Family Cross-Reference*	$1,348.58	$1,179.08	$169.50
LivingWell PPO	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,194.62	$1,022.80	$171.82
Parent-Plus	$1,629.22	$1,247.50	$381.72
Couple	$2,397.02	$1,688.10	$708.92
Family	$2,622.26	$1,764.12	$858.14
Family Cross-Reference*	$1,401.38	$1,145.78	$255.60
LivingWell Basic CDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,148.42	$1,039.22	$109.20
Parent-Plus	$1,566.54	$1,377.00	$189.54
Couple	$2,318.24	$1,908.38	$409.86
Family	$2,569.32	$2,101.50	$467.82
Family Cross-Reference*	$1,348.14	$1,235.70	$112.44
LivingWell HDHP	**Total Premium**	**Employer Contribution**	**Employee Contribution**
Single	$1,066.12	$964.62	$101.50
Parent-Plus	$1,454.08	$1,276.30	$177.78
Couple	$2,152.06	$1,774.08	$377.98
Family	$2,385.16	$1,954.82	$430.34
Family Cross-Reference*	$1,249.94	$1,139.86	$110.08

All employee premium contributions are per employee, per month.

*Family Cross-Reference is not an available payment option if you are hired on January 1, 2025 or after.