BRADLEY University

***BIWEEKLY Employee premiums – effective January 1, 2027***

| 2027 Premium Rates by Salary Bands | | | |
|---|---|---|---|
| **Medical - PPO** | **<$50,000** | **$50,000 to $75,000** | **$75,000 to $100,000** |
| Employee Only | $86.35 | $90.67 | $94.99 |
| Employee+Spouse | $156.44 | $164.26 | $172.08 |
| Employee+Child(ren) | $154.43 | $160.57 | $168.22 |
| Family | $249.97 | $262.47 | $274.97 |

| 2027 Premium Rates by Salary Bands | | | |
|---|---|---|---|
| **Medical - QHDHP** | **<$50,000** | **$50,000 to $75,000** | **$75,000 to $100,000** |
| Employee Only | $20.77 | $21.81 | $22.85 |
| Employee+Spouse | $90.05 | $94.55 | $99.05 |
| Employee+Child(ren) | $119.74 | $125.72 | $131.71 |
| Family | $198.63 | $208.56 | $218.50 |

| **DENTAL** | **w/Medical enrollment** | **without Medical enrollment** | **VISION** | **w/Medical enrollment** | **without Medical enrollment** |
|---|---|---|---|---|---|
| Employee Only | $9.73 | $20.31 | Employee Only | $1.75 | $3.45 |
| Employee+Spouse | $17.92 | $37.42 | Employee+Spouse | $3.33 | $6.56 |
| Employee+Child(ren) | $17.20 | $35.91 | Employee+Child(ren) | $3.50 | $6.90 |
| Family | $26.61 | $55.56 | Family | $5.15 | $10.14 |