BRADLEY University

MONTHLY 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**	**$100,000 to $150,000**	**$150,000 to $200,000**	**>$200,000**
Employee Only	$172.70	$181.34	$189.97	$198.61	$215.88	$233.15
Employee+Spouse	$312.87	$328.52	$344.16	$359.80	$391.09	$422.38
Employee+Child(ren)	$305.85	$321.14	$336.43	$351.73	$382.31	$412.90
Family	$499.94	$524.94	$549.93	$574.93	$624.92	$674.91

2027 Premium Rates by Salary Bands						
Medical QHDHP	**<$50,000**	**$50,000 to $75,000**	**$75,000 to $100,000**	**$100,000 to $150,000**	**$150,000 to $200,000**	**>$200,000**
Employee Only	$41.54	$43.62	$45.70	$47.78	$51.93	$56.08
Employee+Spouse	$180.09	$189.10	$198.10	$207.11	$225.11	$243.12
Employee+Child(ren)	$239.47	$251.44	$263.42	$275.39	$299.34	$323.28
Family	$397.26	$417.12	$436.99	$456.85	$496.58	$536.30

DENTAL	**w/Medical enrollment**	**without Medical enrollment**	**VISION**	**w/Medical enrollment**	**without Medical enrollment**
Employee Only	$19.45	$40.61	Employee Only	$3.50	$6.90
Employee+Spouse	$35.83	$74.84	Employee+Spouse	$6.66	$13.11
Employee+Child(ren)	$34.39	$71.82	Employee+Child(ren)	$7.00	$13.80
Family	$53.21	$111.12	Family	$10.29	$20.28