



2027 RETIREE RATE CHART

Plan Year: January 1, 2027 - December 31, 2027

BOARD PAID BENEFITS		
Coverage Level	HMO Plan	Surest Plan
Retiree Only	\$ 36.00	\$ 36.00
Retiree + One Child	\$ 478.00	\$ 478.00
Retiree + Children	\$ 588.00	\$ 588.00
Retiree + Spouse or plus Spouse and Children	\$ 1,568.00	\$ 1,568.00
*If covering only a spouse you must select Employee plus family coverage		

NOT BOARD PAID		
Coverage Level	HMO Plan	Surest Plan
Retiree Only	\$ 823.00	\$ 823.00
Retiree + One Child	\$ 1,265.00	\$ 1,265.00
Retiree + Children	\$ 1,375.00	\$ 1,375.00
Retiree + Spouse or plus Spouse and Children	\$ 2,355.00	\$ 2,355.00
*If covering only a spouse you must select Employee plus family coverage		

DELTA DENTAL RATES			
Coverage Selected	DHMO	LOW PPO	HIGH PPO
Retiree Only	\$ 19.49	\$ 29.45	\$ 44.08
Retiree plus 1	\$ 34.12	\$ 71.46	\$ 109.92
Retiree plus 2 or more	\$ 53.63	\$ 99.77	\$ 150.47

VSP VISION RATES		
Coverage Selected	Core Designer Plan	Platinum Plan (Two Pair Benefit)
Retiree Only	\$ 5.14	\$ 13.04
Retiree plus 1	\$ 10.26	\$ 26.08
Family	\$ 16.52	\$ 41.80

Legal and Identity Theft	
Ultimate Advisor	\$ 18.26
Ultimate Advisor Plus	\$ 22.58

Minnesota Supplemental Life			
Coverage	\$35,000	\$20,000	\$10,000
50-54	\$ 6.06	\$ 3.46	\$ 1.73
55-59	\$ 11.31	\$ 6.46	\$ 3.23
60-64	\$ 17.36	\$ 9.92	\$ 4.96
Coverage	\$17,500	\$10,000	\$5,000
65-69	\$ 16.71	\$ 9.55	\$ 4.78
Coverage	\$12,250	\$7,000	\$3,500
70-74	\$ 18.98	\$ 10.84	\$ 5.42
75-79	\$ 30.77	\$ 17.58	\$ 8.79
80-84	\$ 49.93	\$ 28.53	\$ 14.27
85-89	\$ 80.97	\$ 46.27	\$ 23.14
90-94	\$ 131.09	\$ 74.91	\$ 37.45
95+	\$ 213.08	\$ 121.76	\$ 60.88