

PEIA Health Coverage Options/Premiums

2027

Plan A

Plan C

Tobacco User							Tobacco User						
Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket	Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$890	\$712	\$178	\$89	\$650	\$3,500	EE only	\$578	\$462	\$116	\$58	\$2,275	\$3,600
EE&child(ren)	\$1,539	\$1,231	\$308	\$154	\$650/\$1300	\$7,000	EE&child(ren)	\$849	\$679	\$170	\$85	\$4,550	\$7,200
Family	\$1,899	\$1,519	\$380	\$190	\$650/\$1300	\$7,000	Family	\$1,198	\$958	\$240	\$120	\$4,550	\$7,200

Tobacco Discount (\$25 single/\$50 family)							Tobacco Discount (\$25 single/\$50 family)						
Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible	Out of Pocket	Tier	PEIA monthly premium	City Portion	Monthly City rate	per pay period-24 pays	Deductible (City HSA contribution)	Out of Pocket
EE only	\$890	\$712	\$153	\$76.50	\$650	\$3,500	EE only	\$578	\$462	\$91	\$45.50	\$2,275	\$3,600
EE&child(ren)	\$1,539	\$1,231	\$258	\$129	\$650/\$1300	\$7,000	EE&child(ren)	\$849	\$679	\$120	\$60	\$4,550	\$7,200
Family	\$1,899	\$1,519	\$330	\$165	\$650/\$1300	\$7,000	Family	\$1,198	\$958	\$190	\$95	\$4,550	\$7,200

	Standard	Enhanced
Single	\$5.21	\$7.02
Family	\$11.64	\$16.73