BENEFITS RATE SHEET

Contribution Based on 24 Pays

Medical Plans **7/1/2026 - 6/30/2027**

PPO Plan	Employee Portion	YSU Portion	Total
Single	$120.81	$483.25	$604.06
Single +1	$241.62	$966.47	$1208.09
Family	$332.23	$1328.90	$1661.13

Consumer Driven Health Plan	Employee Portion	YSU Portion	Total
Single	$68.08	$385.80	$453.88
Family	$187.22	$1060.94	$1248.16

DENTAL **1/1/2027 - 12/31/2027**

Dental	Employee Portion	YSU Portion	Total
Single	$3.11	$12.45	$15.56
Single +1	$5.85	$23.40	$29.25
Family	$10.59	$42.35	$52.94

VISION **1/1/2027 -12/31/2027**

Vision	Employee Portion	YSU Portion	Total
Single	$0.33	$1.33	$1.66
Single +1	$0.67	$2.66	$3.33
Family	$1.20	$4.81	$6.01

Flexible Spending Account Administrative Cost: $2.77

Contribution Based on 26 Pays

Medical Plans **7/1/2026 - 6/30/2027**

PPO Plan	Employee Portion	YSU Portion	Total
Single	$111.52	$446.07	$557.59
Single +1	$223.03	$892.13	$1115.16
Family	$306.67	$1226.68	$1,533.35

Consumer Driven Health Plan	Employee Portion	YSU Portion	Total
Single	$62.85	$356.12	$418.97
Family	$172.82	$979.33	$1152.15

DENTAL **1/1/2027 - 12/31/2027**

Dental	Employee Portion	YSU Portion	Total
Single	$2.87	$11.49	$14.36
Single +1	$5.40	$21.60	$27.00
Family	$9.77	$39.09	$48.86

VISION **1/1/2027 -12/31/2027**

Vision	Employee Portion	YSU Portion	Total
Single	$0.31	$1.22	$1.53
Single +1	$0.61	$2.46	$3.07
Family	$1.11	$4.43	$5.54

Flexible Spending Account Administrative Cost: $2.56