Glacial Community YMCA
Benefit Plan Rates
Effective January 1, 2027

Medical: United HealthCare & Vision: Eye Med

	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	$ per paycheck	Difference from '26 rates
Surest Gold					
Family	2867.90	1720.74	1147.16	573.58	68.88
Employee / Spouse	2100.30	1260.18	840.12	420.06	50.56
Employee / Child (ren)	1727.70	1036.62	691.08	345.54	41.36
Employee Only	960.10	576.06	384.04	192.02	23.04
	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	$ per paycheck	
HDHP 3000					
Family	2708.50	1625.10	1083.40	541.70	65.06
Employee / Spouse	1983.20	1189.92	793.28	396.64	47.70
Employee / Child (ren)	1631.80	979.08	652.72	326.36	39.08
Employee Only	906.50	543.90	362.60	181.30	21.72
	Total Monthly Premium	75% paid by YMCA	25% paid by Employee	$ per paycheck	
HDHP 4000					
Family	2014.70	1511.03	503.68	251.84	30.21
Employee / Spouse	1475.90	1106.93	368.98	184.49	22.19
Employee / Child (ren)	1212.40	909.30	303.10	151.55	18.10
Employee Only	673.60	505.20	168.40	84.20	10.07

Difference per pay

Dental: Delta

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	$ per paycheck	Difference from '26 rates
Dental					
Family	124.70	87.29	37.41	18.71	-0.59
Employee / Spouse	91.10	63.77	27.33	13.67	-0.44
Employee / Child (ren)	75.30	52.71	22.59	11.30	-0.37
Employee Only	41.70	29.19	12.51	6.26	-0.22

Optional Life Insurance

Age	Premium Rate per $1,000 of coverage (2 times salary)	Difference from '26 rates
< 25	0.05	
25 – 39	0.06	
40 – 44	0.08	
45 – 49	0.12	No Change
50 – 54	0.18	
55 – 59	0.29	
60 – 64	0.48	
65 – 69	0.89	
70	1.90	