



2027 Final Rates

Cal-Pac Medical, Vision and Dental

		Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Medical Rates (Includes Vision w/ VSP):					
Kaiser Permanente HMO	Monthly:	\$1,116	\$2,320	\$1,798	\$3,169
	Annual:	\$13,392	\$27,840	\$21,576	\$38,028
Kaiser Permanente HSA Qualified High Deductible Health Plan (HDHP) HMO (Plan deductible embedded into premiums.)	Monthly:	\$998	\$2,050	\$1,721	\$2,588
	Annual:	\$11,976	\$24,600	\$20,652	\$31,056

		Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Vision Rates (Non-Medical Enrollees):					
Humana (These rates are for non-medical plan participants only.)	Monthly:	\$7.00	\$13.00	\$12.00	\$19.00
	Annual:	\$84.00	\$156.00	\$144.00	\$228.00

		Employee Only	Employee & Spouse	Employee & Child(ren)	Family
Dental Rates					
Humana DHMO (Managed Dental Care)	Monthly:	\$14	\$32	\$27	\$46
	Annual:	\$168	\$384	\$324	\$552
Humana PPO (PPO Low)	Monthly:	\$26	\$50	\$56	\$85
	Annual:	\$312	\$600	\$672	\$1,020
Humana Buy Up PPO (PPO High)	Monthly:	\$45	\$90	\$110	\$166
	Annual:	\$540	\$1,080	\$1,320	\$1,992

For changes in Clergy and Lay Staff eligibility; please use the following "Benefit Eligibility" link:

https://www.calpacumc.org/ccf27_benefitseligibility

Wanda Bethea, Cal-Pac Conference Benefits Manager (626) 568-7318 or wbethea@calpacumc.org.