Home Health & Hospice 2027 Benefit Rate Sheet

Medical Plans - Monthly Rates

Coverage Level	Imagine 900	Imagine 2000	Imagine 2800	Imagine 4000	Coupe
Employee Only	$259.20	$109.04	$135.00	$64.80	$264.33
Employee + Spouse	$907.20	$425.75	$473.04	$324.00	$919.01
Employee + Child(ren)	$583.20	$278.45	$303.48	$194.40	$592.96
Family	$1,231.20	$573.56	$641.52	$432.00	$1,247.63

Dental Insurance - Monthly Rates

Coverage Level	Preventative Plan	PPO Plus Plan
Employee Only	$15.30	$31.58
Employee + Spouse	$31.21	$64.42
Employee + Children	$35.96	$74.20
Family	$50.80	$104.83

Vision Insurance - Monthly Rates

Coverage Level	Low Plan	High Plan
Employee Only	$6.08	$8.49
Employee + Spouse	$10.63	$14.88
Employee + Children	$11.54	$16.14
Family	$17.60	$24.63