2027 Critical Illness/Group Specified Disease Insurance Weekly Premiums

Age	Employee OR Employee & Children	Employee & Spouse OR Family
Face Amount $5,000		
<25	$0.32	$ 0.72
25-29	$0.39	$ 0.85
30-34	$0.57	$ 1.21
35-39	$0.84	$ 1.76
40-44	$1.21	$ 2.50
45-49	$1.62	$ 3.32
50-54	$2.26	$ 4.61
55-59	$3.12	$ 6.33
60-64	$4.39	$ 8.89
65-69	$5.83	$11.17
70+	$7.60	$15.33
Face Amount $10,000		
<25	$ 0.44	$ 0.98
25-29	$ 0.57	$ 1.24
30-34	$ 0.92	$ 1.94
35-39	$ 1.46	$ 3.04
40-44	$ 2.19	$ 4.49
45-49	$ 3.00	$ 6.11
50-54	$ 4.26	$ 8.65
55-59	$ 5.94	$12.03
60-64	$ 8.46	$17.09
65-69	$11.30	$22.78
70+	$14.80	$29.80
Face Amount $15,000		
<25	$ 0.55	$ 1.25
25-29	$ 0.75	$ 1.63
30-34	$ 1.27	$ 2.67
35-39	$ 2.08	$ 4.31
40-44	$ 3.16	$ 6.48
45-49	$ 4.37	$ 8.90
50-54	$ 6.25	$12.69
55-59	$ 8.77	$17.74
60-64	$12.53	$25.29
65-69	$16.76	$33.78
70+	$21.99	$44.27
Face Amount $20,000		
<25	$ 0.67	$ 1.51
25-29	$ 0.93	$ 2.02
30-34	$ 1.62	$ 3.40
35-39	$ 2.70	$ 5.58
40-44	$ 4.14	$ 8.47
45-49	$ 5.75	$11.69
50-54	$ 8.25	$16.73
55-59	$11.59	$23.44
60-64	$16.60	$33.50
65-69	$22.23	$44.78
70+	$29.18	$58.74
Face Amount $25,000		
<25	$ 0.79	$ 1.78
25-29	$ 1.11	$ 2.42
30-34	$ 1.97	$ 4.14
35-39	$ 3.32	$ 6.85
40-44	$ 5.12	$10.46
45-49	$ 7.12	$14.48
50-54	$10.25	$20.77
55-59	$14.42	$29.15
60-64	$20.67	$41.70
65-69	$27.69	$55.79
70+	$36.38	$73.21
Face Amount $30,000		
<25	$ 0.90	$ 2.04
25-29	$ 1.29	$ 2.81
30-34	$ 2.31	$ 4.87
35-39	$ 3.94	$ 8.13
40-44	$ 6.09	$12.45
45-49	$ 8.50	$17.27
50-54	$12.24	$24.81
55-59	$17.24	$34.85
60-64	$24.74	$49.90
65-69	$33.16	$66.79
70+	$43.57	$87.68

2027 Accident Insurance Premiums

	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rates	$ 8.13	$ 14.22	$ 17.62	$ 23.49
Weekly Rates	$ 1.88	$ 3.28	$ 4.07	$ 5.42

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Benefit Plan Premiums

2027



Brookhaven National Laboratory

U.S. DEPARTMENT of ENERGY

2027 Aetna Medical Plan Cost – Monthly/Weekly

COVERAGE	PLAN 1							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 310.99	$ 415.91	$ 505.83	$ 595.76	$ 71.77	$ 95.98	$ 116.73	$ 137.48
2 People	$ 649.64	$ 863.60	$ 1050.32	$ 1237.04	$ 149.92	$ 199.29	$ 242.38	$ 285.47
3 or More People	$ 853.34	$ 1148.12	$ 1396.37	$ 1644.61	$ 196.92	$ 264.95	$ 322.24	$ 379.53
COVERAGE	PLAN 2							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 262.58	$ 341.71	$ 431.64	$ 521.56	$ 60.60	$ 78.86	$ 99.61	$ 120.36
2 People	$ 545.21	$ 709.52	$ 896.24	$ 1082.96	$ 125.82	$ 163.74	$ 206.82	$ 249.91
3 or More People	$ 724.85	$ 943.29	$ 1191.53	$ 1439.77	$ 167.27	$ 217.68	$ 274.97	$ 332.25
COVERAGE	PLAN 3							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 175.51	$ 247.08	$ 337.39	$ 427.71	$ 40.50	$ 57.02	$ 77.86	$ 98.70
2 People	$ 364.44	$ 513.04	$ 700.57	$ 888.09	$ 84.10	$ 118.39	$ 161.67	$ 204.94
3 or More People	$ 484.51	$ 682.07	$ 931.38	$ 1180.69	$ 111.81	$ 157.40	$ 214.93	$ 272.47
COVERAGE	PLAN 4							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 120.15	$ 197.51	$ 286.39	$ 376.91	$ 27.73	$ 45.58	$ 66.09	$ 86.98
2 People	$ 198.67	$ 360.30	$ 545.50	$ 730.70	$ 45.85	$ 83.15	$ 125.88	$ 168.62
3 or More People	$ 264.16	$ 479.06	$ 725.31	$ 971.56	$ 60.96	$ 110.55	$ 167.38	$ 224.21
COVERAGE	PLAN 5							
	Monthly Contribution				Weekly Contribution			
	Annual Base Salary				Annual Base Salary			
	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+	$0-$69,999	$70,000-$99,999	$100,000-$174,999	$175,000+
1 Person	$ 216.02	$ 294.73	$ 386.56	$ 478.40	$ 49.85	$ 68.02	$ 89.21	$ 110.40
2 People	$ 448.55	$ 611.98	$ 802.66	$ 993.34	$ 103.51	$ 141.23	$ 185.23	$ 229.23
3 or More People	$ 596.33	$ 813.62	$ 1067.12	$ 1320.62	$ 137.61	$ 187.76	$ 246.26	$ 304.76

The annual base salary category for eligible part-time employees is based on their full-time equivalent salary.

2027 Dental Plan Cost – Monthly/Weekly

COVERAGE	DMO		PPO		Indemnity	
	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution	Monthly Contribution	Weekly Contribution
1 Person	$ 5.00	$ 1.15	$ 10.11	$ 2.33	$ 5.00	$ 1.15
2 People	$ 10.00	$ 2.31	$ 20.86	$ 4.81	$ 10.00	$ 2.31
3 or More People	$ 19.00	$ 4.38	$ 34.23	$ 7.90	$ 19.00	$ 4.38

2027 Vision Plan Cost – Monthly/Weekly

COVERAGE	Monthly Contribution	Weekly Contribution
1 Person	$ 2.80	$ 0.65
2 People	$ 5.60	$ 1.29
3 or More People	$ 9.02	$ 2.08

2027 Hospital Insurance Premiums

	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rates	$ 15.04	$ 33.39	$ 24.93	$ 41.60
Weekly Rates	$ 3.47	$ 7.71	$ 5.75	$ 9.60

2027 Critical Illness/Group Specified Disease Insurance Monthly Premiums

Age	Employee OR Employee & Children	Employee & Spouse OR Family
Face Amount $5,000		
<25	$ 1.39	$ 3.10
25-29	$ 1.69	$ 3.70
30-34	$ 2.46	$ 5.25
35-39	$ 3.66	$ 7.64
40-44	$ 5.25	$10.83
45-49	$ 7.02	$14.39
50-54	$ 9.79	$19.96
55-59	$13.50	$27.41
60-64	$19.04	$38.53
65-69	$25.26	$51.02
70+	$32.95	$66.45
Face Amount $15,000		
<25	$ 2.40	$ 5.40
25-29	$ 3.25	$ 7.08
30-34	$ 5.49	$ 11.58
35-39	$ 9.02	$ 18.67
40-44	$13.71	$ 28.08
45-49	$18.94	$ 38.57
50-54	$27.09	$ 54.98
55-59	$37.99	$ 76.86
60-64	$54.31	$109.61
65-69	$72.63	$146.38
70+	$95.29	$191.85
Face Amount $25,000		
<25	$ 3.42	$ 7.71
25-29	$ 4.80	$ 10.47
30-34	$ 8.52	$ 17.92
35-39	$ 14.39	$ 29.70
40-44	$ 22.17	$ 45.32
45-49	$ 30.86	$ 62.76
50-54	$ 44.40	$ 89.99
55-59	$ 62.48	$126.30
60-64	$ 89.58	$180.70
65-69	$120.00	$241.75
70+	$157.63	$317.26

Age	Employee OR Employee & Children	Employee & Spouse OR Family
Face Amount $10,000		
<25	$ 1.90	$ 4.25
25-29	$ 2.47	$ 5.39
30-34	$ 3.98	$ 8.42
35-39	$ 6.34	$ 13.16
40-44	$ 9.48	$ 19.45
45-49	$12.98	$ 26.48
50-54	$18.44	$ 37.47
55-59	$25.74	$ 52.13
60-64	$36.67	$ 74.07
65-69	$48.95	$ 98.70
70+	$64.12	$129.15
Face Amount $20,000		
<25	$ 2.91	$ 6.56
25-29	$ 4.03	$ 8.77
30-34	$ 7.01	$ 14.75
35-39	$ 11.71	$ 24.19
40-44	$ 17.94	$ 36.70
45-49	$ 24.90	$ 50.67
50-54	$ 35.75	$ 72.48
55-59	$ 50.23	$101.58
60-64	$ 71.94	$145.15
65-69	$ 96.31	$194.06
70+	$126.46	$254.55
Face Amount $30,000		
<25	$ 3.92	$ 8.86
25-29	$ 5.58	$ 12.16
30-34	$ 10.03	$ 21.09
35-39	$ 17.07	$ 35.22
40-44	$ 26.40	$ 53.95
45-49	$ 36.82	$ 74.85
50-54	$ 53.05	$107.49
55-59	$ 74.72	$151.02
60-64	$107.21	$216.24
65-69	$143.68	$289.43
70+	$188.80	$379.96