

FY27 Monthly Rates - Medical, Dental, & Vision

Full-Time Employees

HDHP/PPO	July 1, 2026 Premium	Employee Premium	Employee Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including HSA Contribution)
<\$80,000							
Individual	\$1,141.34	\$199.73	17.5%	\$941.61	82.5%	\$41.67	83.1%
Employee + 1	\$2,280.82	\$421.95	18.5%	\$1,858.87	81.5%	\$83.33	82.2%
Family	\$3,498.69	\$647.26	18.5%	\$2,851.43	81.5%	\$83.33	81.9%
\$80,000+							
Individual	\$1,141.34	\$222.56	19.5%	\$918.78	80.5%	\$41.67	81.2%
Employee + 1	\$2,280.82	\$467.57	20.5%	\$1,813.25	79.5%	\$83.33	80.2%
Family	\$3,498.69	\$717.23	20.5%	\$2,781.46	79.5%	\$83.33	80.0%
HMO							
<\$80,000							
Individual	\$1,291.64	\$321.62	24.9%	\$970.02	75.1%		
Employee + 1	\$2,583.20	\$666.47	25.8%	\$1,916.73	74.2%		
Family	\$3,962.62	\$1,022.36	25.8%	\$2,940.26	74.2%		
\$80,000+							
Individual	\$1,291.64	\$359.07	27.8%	\$932.57	72.2%		
Employee + 1	\$2,583.20	\$743.96	28.8%	\$1,839.24	71.2%		
Family	\$3,962.62	\$1,141.23	28.8%	\$2,821.39	71.2%		

*HSA contribution shown on a monthly basis for illustrative purposes. Simmons makes a lump sum contribution of \$500 or \$1,000

Part-Time Employees

HDHP/PPO	July 1, 2026 Premium	Employee Premium	Employee Premium %	Simmons Premium	Simmons Premium %	Simmons HSA Seed*	Simmons Total Cost Contribution (including HSA Contribution)
Individual	\$1,141.34	\$723.61	63.4%	\$417.73	36.6%	\$41.67	38.8%
Employee + 1	\$2,280.82	\$1,471.13	64.5%	\$809.69	35.5%	\$83.33	37.8%
Family	\$3,498.69	\$2,256.66	64.5%	\$1,242.03	35.5%	\$83.33	37.0%
HMO							
Individual	\$1,291.64	\$875.73	67.8%	\$415.91	32.2%	-	-
Employee + 1	\$2,583.20	\$1,777.24	68.8%	\$805.96	31.2%	-	-
Family	\$3,962.62	\$2,738.17	69.1%	\$1,224.45	30.9%	-	-

*HSA contribution shown on a monthly basis for illustrative purposes. Simmons makes a lump sum contribution of \$500 or \$1,000

Dental		July 1, 2026 Premium	Employee Premium	Employee Premium %	Simmons Premium	Simmons Premium %
Core	Full-Time					
	Individual	\$24.50	\$0.00	0.0%	\$24.50	100.0%
	Family	\$71.22	\$0.00	0.0%	\$71.22	100.0%
	Part-Time					
	Individual	\$24.50	\$24.50	100%	\$0.00	0.0%
	Family	\$71.22	\$71.22	100%	\$0.00	0.0%
Enhanced	Full-Time					
	Individual	\$58.65	\$34.15	58.23%	\$24.50	41.8%
	Family	\$170.40	\$99.18	58.20%	\$71.22	41.8%
	Part-Time					
	Individual	\$58.65	\$58.65	100%	\$0.00	0.0%
	Family	\$170.40	\$170.40	100%	\$0.00	0.0%

Vision	July 1, 2026 Premium	
	Employee Premium	Employer Premium
Full-Time & Part-Time		
Individual	\$9.21	\$0.00
Employee + 1	\$13.36	\$0.00
Family	\$23.95	\$0.00