2027 Benefit Rates

Benchmark at Deloitte University

Deloitte University	Employee Weekly Deduction
Medical Plans	
Premium PPO	
Employee Only	$46.98
Employee and Spouse (or Domestic Partner)	$103.21
Employee and Children	$84.56
Family	$154.82
Core Flex	
Employee Only	$21.52
Employee and Spouse (or Domestic Partner)	$47.20
Employee and Children	$38.73
Family	$70.80
Saver Flex	
Employee Only	$11.28
Employee and Spouse (or Domestic Partner)	$24.68
Employee and Children	$20.31
Family	$37.02
Essential PPO	
Employee Only	$8.49
Employee and Spouse (or Domestic Partner)	$18.54
Employee and Children	$15.28
Family	$27.81
Dental Plans	
Dental PPO	
Employee Only	$6.25
Employee and Spouse (or Domestic Partner)	$14.17
Employee and Children	$10.89
Family	$18.22
Dental HMO	
Employee Only	$0.67
Employee and Spouse (or Domestic Partner)	$1.15
Employee and Children	$1.51
Family	$2.14
Vision Plan	
Vision Plan	
Employee Only	$1.27
Employee and Spouse (or Domestic Partner)	$2.62
Employee and Children	$2.68
Family	$3.49