

2027 Ajinomoto Foods North America Med, Den & Vis Rates

Medical Plans Plan & Tier	2027 Weekly Rates			2027 Semi- Monthly Rates			2027 Monthly Rates			
	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	COBRA
PPO (All States Medical)										
Employee Only	\$43.38	\$126.90	\$170.29	\$94.00	\$274.96	\$368.96	\$188.00	\$549.92	\$737.92	\$752.68
Employee + Spouse	\$103.38	\$288.27	\$391.66	\$224.00	\$624.60	\$848.60	\$448.00	\$1,249.19	\$1,697.19	\$1,731.13
Employee + Child(ren)	\$82.38	\$224.13	\$306.52	\$178.50	\$485.62	\$664.12	\$357.00	\$971.24	\$1,328.24	\$1,354.80
Employee + Family	\$146.31	\$415.64	\$561.95	\$317.00	\$900.55	\$1,217.55	\$634.00	\$1,801.10	\$2,435.10	\$2,483.80
HDHP (All States Medical)										
Employee Only	\$35.77	\$119.04	\$154.81	\$77.50	\$257.92	\$335.42	\$155.00	\$515.83	\$670.83	\$684.25
Employee + Spouse	\$85.62	\$270.44	\$356.06	\$185.50	\$585.96	\$771.46	\$371.00	\$1,171.91	\$1,542.91	\$1,573.77
Employee + Child(ren)	\$66.00	\$212.65	\$278.65	\$143.00	\$460.75	\$603.75	\$286.00	\$921.49	\$1,207.49	\$1,231.64
Employee + Family	\$123.23	\$387.64	\$510.87	\$267.00	\$839.88	\$1,106.88	\$534.00	\$1,679.76	\$2,213.76	\$2,258.04
Kaiser (So. CA. Medical & Vision)										
Employee Only	\$43.15	\$126.16	\$169.31	\$93.50	\$273.34	\$366.84	\$187.00	\$546.68	\$733.68	\$748.35
Employee + Spouse	\$105.46	\$267.02	\$372.48	\$228.50	\$578.55	\$807.05	\$457.00	\$1,157.09	\$1,614.09	\$1,646.37
Employee + Child(ren)	\$84.69	\$253.93	\$338.62	\$183.50	\$550.18	\$733.68	\$367.00	\$1,100.35	\$1,467.35	\$1,496.70
Employee + Family	\$149.08	\$358.85	\$507.93	\$323.00	\$777.52	\$1,100.52	\$646.00	\$1,555.03	\$2,201.03	\$2,245.05
SIMNSA (Baja CA Medical in MX)										
Employee Only	\$12.23	\$37.84	\$50.07	\$26.50	\$81.99	\$108.49	\$53.00	\$163.97	\$216.97	\$221.31
Employee + Spouse	\$31.62	\$73.53	\$105.15	\$68.50	\$159.33	\$227.83	\$137.00	\$318.65	\$455.65	\$464.76
Employee + Child(ren)	\$27.00	\$68.13	\$95.13	\$58.50	\$147.63	\$206.13	\$117.00	\$295.25	\$412.25	\$420.50
Employee + Family	\$39.00	\$91.19	\$130.19	\$84.50	\$197.57	\$282.07	\$169.00	\$395.14	\$564.14	\$575.42

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Dental Plans Plan & Tier	2027 Weekly Rates			2027 Semi- Monthly Rates			2027 Monthly Rates			
	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	COBRA
Cigna PPO (All States Dental)										
Employee Only	\$2.54	\$5.21	\$7.75	\$5.50	\$11.29	\$16.79	\$11.00	\$22.58	\$33.58	\$34.25
Employee + Spouse	\$6.00	\$8.73	\$14.73	\$13.00	\$18.91	\$31.91	\$26.00	\$37.81	\$63.81	\$65.09
Employee + Child(ren)	\$6.23	\$10.05	\$16.28	\$13.50	\$21.77	\$35.27	\$27.00	\$43.53	\$70.53	\$71.94
Employee + Family	\$9.46	\$13.79	\$23.25	\$20.50	\$29.88	\$50.38	\$41.00	\$59.75	\$100.75	\$102.77
Cigna DHMO (Zip Codes Based Dental)										
Employee Only	\$1.84	\$1.84	\$3.68	\$3.99	\$3.99	\$7.98	\$7.98	\$7.98	\$15.96	\$16.28
Employee + Spouse	\$4.22	\$2.23	\$6.45	\$9.14	\$4.83	\$13.97	\$18.28	\$9.65	\$27.93	\$28.49
Employee + Child(ren)	\$5.19	\$3.46	\$8.66	\$11.26	\$7.50	\$18.76	\$22.51	\$15.00	\$37.51	\$38.26
Employee + Family	\$6.38	\$4.25	\$10.63	\$13.82	\$9.21	\$23.03	\$27.63	\$18.42	\$46.05	\$46.97
SIMNSA (Baja CA Dental in MX)										
Employee Only	\$0.92	\$2.77	\$3.69	\$2.00	\$6.01	\$8.01	\$4.00	\$12.01	\$16.01	\$16.33
Employee + Spouse	\$2.31	\$5.45	\$7.76	\$5.00	\$11.81	\$16.81	\$10.00	\$23.62	\$33.62	\$34.29
Employee + Child(ren)	\$2.08	\$4.94	\$7.02	\$4.50	\$10.71	\$15.21	\$9.00	\$21.42	\$30.42	\$31.03
Employee + Family	\$3.00	\$6.61	\$9.61	\$6.50	\$14.32	\$20.82	\$13.00	\$28.63	\$41.63	\$42.46
Vision Coverage Plan & Tier	2027 Weekly Rates			2027 Semi- Monthly Rates			2027 Monthly Rates			
	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	EE Cont	ER Cont	Total	COBRA
EyeMed Base										
Employee Only	\$0.00	\$0.15	\$0.15	\$0.00	\$0.32	\$0.32	\$0.00	\$0.64	\$0.64	\$0.65
Employee + Spouse	\$0.00	\$0.28	\$0.28	\$0.00	\$0.61	\$0.61	\$0.00	\$1.22	\$1.22	\$1.24
Employee + Child(ren)	\$0.00	\$0.31	\$0.31	\$0.00	\$0.67	\$0.67	\$0.00	\$1.34	\$1.34	\$1.37
Employee + Family	\$0.00	\$0.40	\$0.40	\$0.00	\$0.88	\$0.88	\$0.00	\$1.75	\$1.75	\$1.79
EyeMed Buy-up										
Employee Only	\$1.10	\$0.63	\$1.73	\$2.39	\$1.37	\$3.75	\$4.77	\$2.73	\$7.50	\$7.65
Employee + Spouse	\$1.76	\$1.01	\$2.77	\$3.82	\$2.19	\$6.01	\$7.63	\$4.38	\$12.01	\$12.25
Employee + Child(ren)	\$2.31	\$1.32	\$3.63	\$5.01	\$2.87	\$7.88	\$10.01	\$5.74	\$15.75	\$16.07
Employee + Family	\$2.92	\$1.68	\$4.60	\$6.34	\$3.64	\$9.98	\$12.67	\$7.28	\$19.95	\$20.35