

HOUSE STAFF HEALTH CARE, DENTAL & VISION PREMIUMS

EFFECTIVE JANUARY 1, 2027

DUKE SELECT (HMO MODEL) PREMIUMS

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
TOTAL PREMIUM	\$771.00	\$1,151.00	\$1,438.00	\$1,806.00	\$2,113.00
DUKE CONTRIBUTION	\$771.00	\$964.00	\$1,106.00	\$1,285.00	\$1,438.00
EMPLOYEE PREMIUM	\$0.00	\$187.00	\$332.00	\$521.00	\$675.00

DUKE BASIC (HMO MODEL) PREMIUMS

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
TOTAL PREMIUM	\$654.00	\$963.00	\$1,200.00	\$1,512.00	\$1,743.00
DUKE CONTRIBUTION	\$654.00	\$918.00	\$1,054.00	\$1,227.00	\$1,367.00
EMPLOYEE PREMIUM	\$0.00	\$45.00	\$146.00	\$285.00	\$376.00

DUKE OPTIONS (PPO MODEL) PREMIUMS

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
TOTAL PREMIUM	\$1,555.00	\$2,102.00	\$2,472.00	\$3,036.00	\$3,550.00
DUKE CONTRIBUTION	\$1,415.00	\$1,692.00	\$1,878.00	\$2,153.00	\$2,411.00
EMPLOYEE PREMIUM	\$140.00	\$410.00	\$594.00	\$883.00	\$1,139.00

DUKE USA (PPO MODEL) PREMIUMS

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
TOTAL PREMIUM	\$1,073.00	\$1,463.00	\$1,915.00	\$2,164.00	\$2,826.00
DUKE CONTRIBUTION	\$1,018.00	\$1,221.00	\$1,487.00	\$1,574.00	\$1,960.00
EMPLOYEE PREMIUM	\$55.00	\$242.00	\$428.00	\$590.00	\$866.00

DUKE ADVANTAGE (HDHP MODEL) PREMIUMS

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
TOTAL PREMIUM	\$1,488.00	\$1,934.00	\$2,231.00	\$3,571.00	\$4,463.00
DUKE CONTRIBUTION	\$1,428.00	\$1,749.00	\$1,982.00	\$3,236.00	\$4,059.00
EMPLOYEE PREMIUM	\$60.00	\$185.00	\$249.00	\$335.00	\$404.00

DENTAL PREMIUMS*

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
PPO PLAN PREMIUM	\$41.60	\$80.84		\$83.24	\$126.02
PLAN A PREMIUM	\$50.39	\$97.89		\$100.83	\$152.64
PLAN B PREMIUM	\$12.55	\$25.56		\$25.10	\$46.60

VISION PREMIUMS*

	INDIVIDUAL	EMPLOYEE/CHILD	EMPLOYEE/CHILDREN	EMPLOYEE/SPOUSE	FAMILY
PLAN PREMIUM	\$9.66	\$18.49	\$19.46	\$18.50	\$29.97

*Same as Non-House Staff (or Actives) Rates