ImmunityBio
2027 Plan Year Rates
Effective January 1, 2027

			Bi-Weekly Premium		Weekly Premium	
Coverage	**Plan**	**Tier**	**Employee**	**Employer**	**Employee**	**Employer**
Medical	Blue Shield HMO	Employee Only	$88.46	$353.82	$44.23	$176.91
	Blue Shield HMO	Employee + Spouse	$194.61	$778.41	$97.30	$389.21
	Blue Shield HMO	Employee + Child(ren)	$159.22	$636.90	$79.61	$318.45
	Blue Shield HMO	Employee + Family	$274.21	$1,096.85	$137.11	$548.43
	Blue Shield PPO	Employee Only	$107.90	$431.62	$53.95	$215.81
	Blue Shield PPO	Employee + Spouse	$237.19	$948.75	$118.59	$474.38
	Blue Shield PPO	Employee + Child(ren)	$194.07	$776.25	$97.03	$388.12
	Blue Shield PPO	Employee + Family	$334.22	$1,336.89	$167.11	$668.44
	Blue Shield HDHP	Employee Only	$83.78	$335.11	$41.89	$167.56
	Blue Shield HDHP	Employee + Spouse	$184.16	$736.62	$92.08	$368.31
	Blue Shield HDHP	Employee + Child(ren)	$150.67	$602.69	$75.34	$301.35
	Blue Shield HDHP	Employee + Family	$259.49	$1,037.97	$129.75	$518.99
Dental	Delta Dental DHMO	Employee Only	$1.45	$5.82	$0.73	$2.91
	Delta Dental DHMO	Employee + Spouse	$2.83	$11.34	$1.42	$5.67
	Delta Dental DHMO	Employee + Child(ren)	$3.06	$12.26	$1.53	$6.13
	Delta Dental DHMO	Employee + Family	$4.43	$17.73	$2.22	$8.86
	Delta Dental DPPO Low	Employee Only	$4.79	$19.14	$2.39	$9.57
	Delta Dental DPPO Low	Employee + Spouse	$9.77	$39.10	$4.89	$19.55
	Delta Dental DPPO Low	Employee + Child(ren)	$11.57	$46.29	$5.79	$23.15
	Delta Dental DPPO Low	Employee + Family	$17.80	$71.20	$8.90	$35.60
	Delta Dental DPPO High	Employee Only	$4.94	$19.77	$2.47	$9.88
	Delta Dental DPPO High	Employee + Spouse	$10.06	$40.23	$5.03	$20.11
	Delta Dental DPPO High	Employee + Child(ren)	$11.75	$47.00	$5.88	$23.50
	Delta Dental DPPO High	Employee + Family	$18.12	$72.49	$9.06	$36.24
Vision	EyeMed Base Plan	Employee Only	$2.55	$0.00	$1.28	$0.00
	EyeMed Base Plan	Employee + Spouse	$4.85	$0.00	$2.43	$0.00
	EyeMed Base Plan	Employee + Child(ren)	$5.10	$0.00	$2.55	$0.00
	EyeMed Base Plan	Employee + Family	$7.50	$0.00	$3.75	$0.00
	EyeMed Buy Up Plan	Employee Only	$4.75	$0.00	$2.38	$0.00
	EyeMed Buy Up Plan	Employee + Spouse	$9.03	$0.00	$4.51	$0.00
	EyeMed Buy Up Plan	Employee + Child(ren)	$9.50	$0.00	$4.75	$0.00
	EyeMed Buy Up Plan	Employee + Family	$13.97	$0.00	$6.99	$0.00
Voluntary Legal Plan	MetLife | MetLaw Legal Plan	All Tiers	$7.73	$0.00	$3.87	$0.00
Voluntary Identity Theft	Norton Lifelock Benefit Essential	Employee Only	$3.92	$0.00	$1.96	$0.00
	Norton Lifelock Benefit Essential	Employee + Spouse	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Essential	Employee + Child(ren)	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Essential	Employee + Family	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Premier	Employee Only	$11.76	$0.00	$5.88	$0.00
	Norton Lifelock Benefit Premier	Employee + Spouse	$23.53	$0.00	$11.76	$0.00
	Norton Lifelock Benefit Premier	Employee + Child(ren)	$23.53	$0.00	$11.76	$0.00
	Norton Lifelock Benefit Premier	Employee + Family	$23.53	$0.00	$11.76	$0.00

The following benefits are provided by Unum. The cost will be visible to you during your enrollment.

1. Employee-Paid Voluntary Disability Benefits (STD Buy Up and LTD Buy Up) are calculated based on your wages
2. Employee-Paid Voluntary Accident Insurance Low and High Plan range from $1.49 to $13.48 per pay depending on plan and tier
3. Employee-Paid Voluntary Life and AD&D Insurance are calculated using your wages and age
4. Employee-Paid Voluntary Critical Illness Insurance is calculated using your wages, age, and tobacco use