Augusta Georgia
PROPOSED Employee Contribution Rates for 2027 Health Benefits
September 8, 2026

SALARY BANDS **Band 1: $0 - $50,000** **Band 2: $50,001 - $100,000** **Band 3: $100,001+**

HMO Wellness Rate

Salary	2026 Rate Per Pay Period			2027 Rate Per Pay Period			Increase Per Pay Period			Total Annual 2027 Employee Rate		
Band	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family
1	$ 57.58	$ 115.17	$ 172.76	**$ 66.22**	**$ 132.45**	**$ 198.67**	$ 8.64	$ 17.28	$ 25.91	$ 1,589.28	$ 3,178.80	$ 4,768.08
2	59.12	118.25	177.39	**67.99**	**135.99**	**204.00**	8.87	17.74	26.61	1,631.76	3,263.76	4,896.00
3	66.83	133.68	200.53	**76.85**	**153.73**	**230.61**	10.02	20.05	30.08	1,844.40	3,689.52	5,534.64

HMO Non-Wellness Rate

Salary	2026 Rate Per Pay Period			2027 Rate Per Pay Period			Increase Per Pay Period			Total Annual 2027 Employee Rate		
Band	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family
1	69.37	138.76	208.13	**79.78**	**159.57**	**239.35**	10.41	20.81	31.22	1,914.72	3,829.68	5,744.40
2	71.23	142.47	213.70	**81.91**	**163.84**	**245.76**	10.68	21.37	32.06	1,965.84	3,932.16	5,898.24
3	80.52	161.06	241.58	**92.60**	**185.22**	**277.82**	12.08	24.16	36.24	2,222.40	4,445.28	6,667.68

POS Wellness Rate

Salary	2026 Rate Per Pay Period			2027 Rate Per Pay Period			Increase Per Pay Period			Total Annual 2027 Employee Rate		
Band	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family
1	63.88	127.86	191.77	**73.46**	**147.04**	**220.54**	9.58	19.18	28.77	1,763.09	3,528.94	5,292.85
2	65.60	131.28	196.90	**75.44**	**150.97**	**226.44**	9.84	19.69	29.54	1,810.56	3,623.33	5,434.44
3	74.15	148.41	222.59	**85.27**	**170.67**	**255.98**	11.12	22.26	33.39	2,046.54	4,096.12	6,143.48

POS Non-Wellness Rate

Salary	2026 Rate Per Pay Period			2027 Rate Per Pay Period			Increase Per Pay Period			Total Annual 2027 Employee Rate		
Band	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family
1	77.02	154.03	231.04	**88.57**	**177.13**	**265.70**	11.55	23.10	34.66	2,125.75	4,251.23	6,376.70
2	79.09	158.16	237.23	**90.95**	**181.88**	**272.81**	11.86	23.72	35.58	2,182.88	4,365.22	6,547.55
3	89.40	178.79	268.18	**102.81**	**205.61**	**308.41**	13.41	26.82	40.23	2,467.44	4,934.60	7,401.77

Dental Plan

Salary	2026 Rate Per Pay Period			2027 Rate Per Pay Period			Increase Per Pay Period			Total Annual 2027 Employee Rate		
Band	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family	EE Only	EE + 1	Family
1	2.06	4.18	6.26	**2.37**	**4.81**	**7.20**	0.31	0.63	0.94	56.86	115.37	172.78
2	2.12	4.29	6.43	**2.44**	**4.93**	**7.39**	0.32	0.64	0.96	58.51	118.40	177.47
3	2.39	4.85	7.27	**2.75**	**5.58**	**8.36**	0.36	0.73	1.09	65.96	133.86	200.65