2026
EMPLOYEE GROUP INSURANCE CONTRIBUTION RATES

PPO HIGH PLAN	2025 MONTHLY PREMIUM	2026 MONTHLY PREMIUM	EMPLOYEE MONTHLY CONTRIBUTION
Employee Only	1,037.36	946.34	0.00
Employee and Child	1,974.11	1,800.90	149.55
Employee and Spouse	2,181.58	1,990.18	182.67
Family	3,157.73	2,880.68	338.51
HMO HIGH PLAN			
Employee Only	1,092.03	1,019.09	0.00
Employee and Child	2,074.81	1,936.23	160.50
Employee and Spouse	2,293.27	2,140.11	196.18
Family	3,319.77	3,098.04	363.82
HIGH DEDUCTIBLE HEALTH PLAN			
Employee Only	726.16	762.28	0.00
Employee and Child	1,379.68	1,448.30	0.00
Employee and Spouse	1,524.94	1,600.79	0.00
Family	2,207.56	2,317.36	0.00
DENTAL PLAN			
Employee Only	39.55	39.55	0.00
Employee and Child	81.70	81.70	7.38
Employee and Spouse	83.25	83.25	7.65
Family	125.40	125.40	15.02
VISION PLAN			
Employee Only	2.50	2.50	0.00
Family (E-S/E-C/FAM)	5.75	5.75	0.57

DEPENDENT LIFE INSURANCE RATES	5,000 Spouse/2,000 each child	$1.35 per month
	10,000 Spouse/2,000 each child	$2.38 per month

SUPPLEMENTAL LIFE RATES

AGE DURING YEAR OF COVERAGE	PER $1,000 OF COVERAGE
18 TO 29 YEARS OF AGE	0.06
30 TO 34 YEARS OF AGE	0.08
35 TO 39 YEARS OF AGE	0.11
40 TO 44 YEARS OF AGE	0.18
45 TO 49 YEARS OF AGE	0.29
50 TO 54 YEARS OF AGE	0.49
55 TO 59 YEARS OF AGE	0.79
60 TO 64 YEARS OF AGE	1.24

Note: There is no payroll deduction on the 3rd biweekly payroll during any month.

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