

Rates - 2026

2026 BI-WEEKLY HEALTH PLAN RATES		
	Full-Time	Part-Time
Standard Plan		
With Wellness Incentive		
Employee Only	\$ 100.54	\$ 201.08
Employee + Child(ren)	\$ 190.53	\$ 381.07
Employee + Spouse	\$ 220.76	\$ 441.53
Employee + Family	\$ 265.57	\$ 531.12
Without Wellness Incentive		
Employee Only	\$ 135.67	\$ 271.34
Employee + Child(ren)	\$ 257.12	\$ 514.24
Employee + Spouse	\$ 297.91	\$ 595.84
Employee + Family	\$ 358.38	\$ 716.76
Enhanced Plan		
Employee Only	\$ 159.36	\$ 296.79
Employee + Child(ren)	\$ 307.57	\$ 568.03
Employee + Spouse	\$ 318.72	\$ 620.52
Employee + Family	\$ 495.61	\$ 858.65
High Deductible Plan		
Employee Only	\$ 54.81	\$ 74.96
Employee + Child(ren)	\$ 106.68	\$ 213.38
Employee + Spouse	\$ 119.46	\$ 238.89
Employee + Family	\$ 145.52	\$ 291.04

2026 BI-WEEKLY DENTAL RATES	
Value Plan	
Employee Only	\$12.24
Employee + Spouse	\$24.68
Employee + Child(ren)	\$29.90
Family	\$44.89
Premier Plan	
Employee Only	\$19.29
Employee + Spouse	\$40.21
Employee + Child(ren)	\$48.26
Family	\$72.98

2026 BI-WEEKLY VISION RATES	
Base Plan	
Employee Only	\$3.48
Employee + 1	\$6.94
Family	\$11.18
Buy-Up Plan	
Employee Only	\$5.81
Employee + 1	\$11.61
Family	\$18.70