

FY26 Health and Dental Plan Rates July 1, 2025 - June 30, 2026*

Non-Licensed Staff	Annual Premium	Monthly Premium *	Employer Monthly Share	Employee Share Monthly Premium *		Out-of-Pocket (OOP) Maximum	Employer Share OOP **	Employee Share OOP (last dollar)**
HEALTH PLANS - Employer pays 80% of Gold CDHP Premium for Platinum, Gold and Gold CDHP only. Employee pays 20% of Gold CDHP Premium. For the Silver CDHP plan the employer pays 80% of the premium and the employee pays 20%.								
**HRA - Employer pays first dollar Out-of-Pocket, then Employee contributes (based on Gold CDHP OOP)								
HSA - Available for Silver CDHP Plan only								
Platinum								
Single	\$16,070.52	\$1,339.21	\$984.58	\$354.63		\$2,800.00	\$2,200.00	\$600.00
Parent/Child(ren)	\$26,872.44	\$2,239.37	\$1,522.19	\$717.18		\$5,600.00	\$4,400.00	\$1,200.00
2-person	\$32,141.28	\$2,678.44	\$1,849.09	\$829.35		\$5,600.00	\$4,400.00	\$1,200.00
Family	\$45,463.44	\$3,788.62	\$2,727.30	\$1,061.32		\$5,600.00	\$4,400.00	\$1,200.00
Gold								
Single	\$15,753.24	\$1,312.77	\$984.58	\$328.19		\$3,100.00	\$2,200.00	\$900.00
Parent/Child(ren)	\$26,364.00	\$2,197.00	\$1,522.19	\$674.81		\$6,200.00	\$4,400.00	\$1,800.00
2-person	\$31,506.60	\$2,625.55	\$1,849.09	\$776.46		\$6,200.00	\$4,400.00	\$1,800.00
Family	\$44,593.32	\$3,716.11	\$2,727.30	\$988.81		\$6,200.00	\$4,400.00	\$1,800.00
Gold CDHP								
Single	\$14,768.64	\$1,230.72	\$984.58	\$246.14		\$2,500.00	\$2,200.00	\$300.00
Parent/Child(ren)	\$22,832.88	\$1,902.74	\$1,522.19	\$380.55		\$5,000.00	\$4,400.00	\$600.00
2-person	\$27,736.32	\$2,311.36	\$1,849.09	\$462.27		\$5,000.00	\$4,400.00	\$600.00
Family	\$40,909.44	\$3,409.12	\$2,727.30	\$681.82		\$5,000.00	\$4,400.00	\$600.00
Silver CDHP								
Single	\$13,610.52	\$1,134.21	\$907.37	\$226.84		\$4,000.00	\$2,200.00	\$1,800.00
Parent/Child(ren)	\$22,943.64	\$1,911.97	\$1,529.58	\$382.39		\$8,000.00	\$4,400.00	\$3,600.00
2-person	\$27,221.28	\$2,268.44	\$1,814.75	\$453.69		\$8,000.00	\$4,400.00	\$3,600.00
Family	\$38,731.32	\$3,227.61	\$2,582.09	\$645.52		\$8,000.00	\$4,400.00	\$3,600.00

* Premiums Subject to Change July 1, 2026

Health Premiums based on chart in Master Agreement based on hours worked per week. Health Premiums for non-represented staff based on FTE.

Dental Premiums based on FTE.

Health Insurance buy-out amount is \$2,500.00 and is based on FTE

ALL STAFF	Annual Premium	Monthly Premium	Employer Monthly Share	Employee Monthly Share
DENTAL PLAN - through CBA Blue Benefit is prorated if working less than full time.				
Employer pays 100% of the premium for a Single, Parent/Child(ren) or 2 person plan.				
Employee pays the difference for Family				
Single	\$519.00	\$43.25	\$43.25	\$0.00
Parent/Child(ren)	\$942.00	\$78.50	\$78.50	\$0.00
2 Person	\$1,047.00	\$87.25	\$87.25	\$0.00
Family	\$1,614.00	\$134.50	\$87.25	\$47.25