2025-2026 HEALTH INSURANCE CO-PAY SCHEDULE

Administrators

Effective 7/01/2025

	Monthly	Annual	Annual Co-Pay		Co-Pay Per Check 26 pay periods	
			Employer	**20%**	**20%**	**Employer**
BC/BS High Deductible Plan Group # 764-0009					**High Deductible**	26 Wk
Family	1,913.64	22,963.68	**18,370.94**	4,592.74	**176.64**	706.57
Individual	734.76	8,817.12	**7,053.70**	1,763.42	**67.82**	271.30
Savings Account		**EE Portion**			**H S A**	
Family HSA $4000 Deductible	-	2,000.00			**76.92**	
Individual HSA $2000 Deductible	-	1,000.00			**38.46**	
BC/BS Co Insurance PPO* Group # 764-0013					**Co-Insurance**	
Family	2,258.48	27,101.76	**21,681.41**	5,420.35	**208.48**	833.90
Individual	867.16	10,405.92	**8,324.74**	2,081.18	**80.05**	320.18
Delta Dental Group # 5885-0412					**Dental**	
Individual	30.66	367.92	**294.34**	73.58	**2.83**	11.32
Family	92.51	1,110.12	**888.10**	222.02	**8.54**	34.16

* Plans do not include Vision

*** Co Insurance PPO for employees ineligible for an HSA, retiring or new hires mid year**

* Rates subject to change