2025-2026 Monthly Insurance Rates
All Benefit Eligible Employees

Monthly Rate Summary for Benefit Eligible Employees Effective July 1, 2025 through June 30, 2026				
	Choice $0 PPO (Buy up PPO)**	**Choice $500 PPO** (Mid PPO)	**Choice HDHP $1,650** (Base HSA)	**Choice $5,000** (Base Plan)
Employee Only	$275.29	$132.72	$0.00	$0.00
Employee + Spouse	$1,118.18	$790.64	$577.57	$453.07
Employee + Child(ren)	$999.50	$697.14	$499.49	$389.56
Employee + Family	$1,554.81	$1,270.61	$978.25	$779.11
*Spousal Share	$1,207.77	$770.96	$478.61	$355.67
	Delta Dental Dental PPO	**EMI** Dental HMO	**VSP** Vision	
Employee Only	$44.00	$10.40	$7.19	
Employee + Spouse	$91.00	$20.80	$14.39	
Employee + Child(ren)	$75.00	$22.88	$15.39	
Employee + Family	$116.00	$26.00	$24.60	

** Employee and Spouse whom are both HUSD benefit eligible staff can share "Employee + Family" Coverage.*

*** The Choice $0 plan is only eligible for grandfathered employees*

Monthly COBRA PARTICIPANT Rate Summary Effective July 1, 2025 through June 30, 2026				
	Choice $0 PPO Buy Up PPO*	**Choice $500 PPO** Mid PPO*	**Choice HDHP $1,650** BASE HSA*	**Navigate $5,000** BASE PLAN*
Employee Only	$887.87	$771.08	$642.61	$545.59
Employee + Spouse	$1,732.24	$1,419.20	$1,182.77	$1,004.20
Employee + Child(ren)	$1,606.71	$1,316.36	$1,097.03	$931.42
Employee + Family	$2,376.60	$1,947.12	$1,622.71	$1,377.73
	Delta Dental Dental PPO*	**EMI** Dental HMO*	**VSP** Vision*	
Employee Only	$47.37	$11.46	$7.92	
Employee + Spouse	$93.64	$22.91	$15.85	
Employee + Child(ren)	$78.21	$25.20	$16.95	
Employee + Family	$121.18	$28.64	$27.10	

** Does not include 2% COBRA Administration fee*