

2026 Health Deduction (Per Check)

Non-Tobacco Use Rates

LivingWell CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$26.73	\$68.53	\$169.67	\$199.46	\$43.45

LivingWell PPO	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$44.57	\$127.05	\$285.88	\$358.32	\$85.24

LivingWell Basic CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$14.17	\$33.76	\$140.71	\$168.84	\$15.75

LivingWell HDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$10.44	\$28.05	\$125.23	\$150.65	\$14.60

Tobacco Rates

LivingWell CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$46.73	\$108.53	\$209.67	\$239.46	\$63.45

LivingWell PPO	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$64.57	\$167.05	\$325.88	\$398.32	\$105.24

LivingWell Basic CDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$34.17	\$73.76	\$180.71	\$208.84	\$35.75

LivingWell HDHP	Single	Parent Plus	Couple	Family	X-Ref*
Promise Completed	\$30.44	\$68.05	\$165.23	\$190.65	\$34.60

Note: If you did not complete your Living Well Promise in 2025 your paycheck deduction rate will be \$20 higher than stated in the chart for the 2026 year. New hires will start at the “promise completed” rate.

***Cross-reference not available for new hires with an insurance effective date of January 01, 2025 or after. ***

2026 State Dental and State Vision Deduction (Per Check)

Anthem Dental:

	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
Employee	\$7.04	\$10.70	\$14.20
Employee +Spouse	\$12.84	\$20.31	\$27.45
Employee +Child(ren)	\$16.70	\$22.96	\$35.00
Family	\$24.64	\$34.13	\$51.05

Anthem Vision:

	<u>Bronze</u>	<u>Silver</u>	<u>Gold</u>
Employee	\$2.76	\$3.23	\$6.56
Employee+ Spouse	\$5.47	\$6.40	\$13.07
Employee +Child(ren)	\$5.61	\$6.56	\$13.40
Family	\$8.32	\$9.74	\$19.91