EMPLOYEE **MONTHLY** HEALTH RATES*

JANUARY 1, 2026

AETNA	EMPLOYEE PAYS
PREMIER HMO	
Employee Only	$ 0.00
+ One Dependent	1,320.46
+ Family (2 or more Dependents)	2,319.80
PREMIER PLUS HMO	
Employee Only	$ 0.00
+ One Dependent	1,513.94
+ Family (2 or more Dependents)	2,661.16
PREMIER CHOICE HSA	
Employee Only	$ 0.00
+ One Dependent	996.40
+ Family (2 or more Dependents)	1,840.70

AETNA KIDS' PLANS

BASIC PLAN (AGES 5 – 26)		ENHANCED PLAN (AGES 5 – 26)	
One Child	$ 874.42	One Child	$ 1,464.96
Two Children	1,748.96	Two Children	2,930.08
Three or more Children	2,623.40	Three or more Children	4,395.10

***Bi-Weekly** paycheck deduction will vary based on payroll calendar.

EMPLOYEE **MONTHLY** DENTAL/VISION RATES*

JANUARY 1, 2026

DENTAL	AETNA	COMPBENEFITS (HUMANA)
BASIC DHMO PLAN		
Employee Only	$ 0.00	$ 0.00
+ One Dependent	6.80	5.36
+ Family (2 or more Dependents)	14.08	9.70
ENHANCED DHMO PLAN		
Employee Only	$ 1.06	$ 0.00
+ One Dependent	10.50	7.38
+ Family (2 or more Dependents)	18.80	13.04
BASIC PPO PLAN		
Employee Only	$ 23.80	$ 20.62
+ One Dependent	55.24	46.06
+ Family (2 or more Dependents)	89.60	74.26
ENHANCED PPO PLAN		
Employee Only	$ 34.12	$ 26.48
+ One Dependent	77.84	60.62
+ Family (2 or more Dependents)	134.90	100.92

VISION	AETNA	COMPBENEFITS (HUMANA)
BASIC PLAN		
Employee Only	$ 0.00	$ 0.00
+ One Dependent	4.02	4.30
+ Family (2 or more Dependents)	9.30	9.52
ENHANCED PLAN		
Employee Only	$ 0.00	$ 0.00
+ One Dependent	6.96	6.46
+ Family (2 or more Dependents)	16.04	14.32

***Bi-Weekly** paycheck deduction will vary based on payroll calendar.**

Health & Kids' Plans on Reverse Side