

Insurance Premium Costs and Employee Cost Sharing - All Groups January 1, 2026 - December 31, 2026

Medical/Rx		Full Plan Costs without Employer Contribution 2026 Premium Rate 9.1% Increase		Full-time Employee Costs			
		Annual	Monthly	Plan Premiums		Per Pay Premiums	
				Annual	Monthly	20	24
Priority Health HDHP \$3000/6000 w/ HSA	Single	\$6,226.68	\$518.89	\$0.00	\$0.00	\$0.00	\$0.00
	2 Person	\$14,010.00	\$1,167.50	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$17,434.68	\$1,452.89	\$0.00	\$0.00	\$0.00	\$0.00
BCBS PPO \$1000/2000	Single	\$8,846.76	\$737.23	\$904.68	\$75.39	\$45.23	\$37.70
	2 Person	\$19,905.24	\$1,658.77	\$3,295.80	\$274.65	\$164.79	\$137.33
	Family	\$24,771.00	\$2,064.25	\$3,110.64	\$259.22	\$155.53	\$129.61
BCBS PPO \$500/1000	Single	\$9,909.12	\$825.76	\$1,967.04	\$163.92	\$98.35	\$81.96
	2 Person	\$22,295.16	\$1,857.93	\$5,685.72	\$473.81	\$284.29	\$236.91
	Family	\$27,745.08	\$2,312.09	\$6,084.72	\$507.06	\$304.24	\$253.54
BCBS PPO \$250/500	Single	\$10,194.48	\$849.54	\$2,252.40	\$187.70	\$112.62	\$93.85
	2 Person	\$22,937.16	\$1,911.43	\$6,327.72	\$527.31	\$316.39	\$263.67
	Family	\$28,544.04	\$2,378.67	\$6,883.68	\$573.64	\$344.18	\$286.82
ADN - Dental	Single	\$606.24	\$50.52	\$0.00	\$0.00	\$0.00	\$0.00
	2 Person	\$1,368.24	\$114.02	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$1,642.08	\$136.84	\$0.00	\$0.00	\$0.00	\$0.00
NVA - Vision	Single	\$120.96	\$10.08	\$0.00	\$0.00	\$0.00	\$0.00
	2 Person	\$120.96	\$10.08	\$0.00	\$0.00	\$0.00	\$0.00
	Family	\$120.96	\$10.08	\$0.00	\$0.00	\$0.00	\$0.00
Monthly Cash in Lieu		2026 PA 152 Caps		HSA Employer			
Medical	\$167.00	Single	\$ 7,942.08	Single	\$	1,715.40	
Dental	\$23.00	2 Person	\$ 16,609.44	2 Person	\$	2,599.44	
Vision	\$3.00	Family	\$ 21,660.36	Family	\$	4,225.68	

*Cash in lieu of benefits may be
different for some employees

*Employer HSA contribution is the
difference between HSA plan's annual
premium and PA 152 Caps for employees
with .80 FTE or higher