



Garrison Forest School
2026 HEALTH INSURANCE RATES

Effective January 1, 2026 - December 31, 2026, the premiums will be as follows:

MEDICAL:

Cigna Core HSA:

				Monthly	Per Paycheck
Employee	\$ 673.27	Less: GFS Contribution of \$ 605.93	=	\$67.34	\$ 33.67
Employee/Child(ren)	\$1,279.21	Less: GFS Contribution of \$ 639.61	=	\$639.61	\$ 387.13
Employee/Partner	\$1,548.51	Less: GFS Contribution of \$ 774.25	=	\$774.25	\$ 319.80
Family	\$2,019.79	Less: GFS Contribution of \$1,009.90	=	\$1,009.90	\$ 504.95

Annual Deductibles for 80% HSA:

In-Network

Non-Network

Individual	\$ 3,500 per year	\$10,000 per year
Employee-Spouse/Family	\$ 7,000 per year	\$20,000 per year

Cigna Premium HSA:

				Monthly	Per Paycheck
Employee	\$ 695.66	Less: GFS Contribution of \$ 626.09	=	\$ 69.57	\$ 34.79
Employee/Child(ren)	\$ 1,321.73	Less: GFS Contribution of \$ 660.87	=	\$ 660.86	\$ 330.43
Employee/Partner	\$1,600.01	Less: GFS Contribution of \$ 800.01	=	\$ 800.00	\$ 400.00
Family	\$2,086.97	Less: GFS Contribution of \$1,043.49	=	\$ 1,043.48	\$ 521.74

Annual Deductibles for 80% HSA:

In-Network

Non-Network

Individual	\$ 2,500 per year	\$ 10,000 per year
Employee-Spouse/Family	\$ 5,000 per year	\$ 20,000 per year



2026 HEALTH INSURANCE RATES (continued)

Cigna (PPO):

				Monthly	Per Paycheck
Employee	\$ 1,011.68	Less: GFS Contribution of \$ 910.51	=	\$ 101.17	\$ 50.59
Employee/Child(ren)	\$1,922.19	Less: GFS Contribution of \$ 961.09	=	\$ 961.09	\$ 480.55
Employee/Partner	\$2,326.84	Less: GFS Contribution of \$ 1,163.42	=	\$ 1,163.42	\$ 581.71
Family	\$3,035.02	Less: GFS Contribution of \$1,517.50	=	\$1,517.50	\$ 758.76

Annual deductibles for PPO:

In-Network

Non-Network

Individual	\$1,000 per year	\$2,000 per year
Employee-Spouse/Family	\$2,000 per year	\$4,000 per year

Kaiser Permanente(HMO)

				Monthly	Per Paycheck
Employee	\$ 748.23	Less: GFS Contribution of \$ 673.40	=	\$ 74.83	\$ 37.42
Employee/Child(ren)	\$ 1,421.64	Less: GFS Contribution of \$ 710.82	=	\$ 710.82	\$ 355.41
Employee/Partner	\$ 1,720.93	Less: GFS Contribution of \$ 860.46	=	\$ 860.46	\$ 430.24
Family	\$ 2,244.69	Less: GFS Contribution of \$ 1,122.35	=	\$ 1,122.35	\$ 561.17

Annual deductibles for Kaiser HMO:

In-Network

Individual	\$ 0 per year
Employee-Spouse/Family	\$ 0 per year



2026 HEALTH INSURANCE RATES (continued)

DENTAL:

Cigna Dental PPO 2500

	Monthly	Per Check
Employee	\$ 40.54	\$20.27
Employee/Child(ren)	\$ 60.84	\$30.42
Employee/Partner	\$ 81.10	\$40.55
Family	\$105.43	\$52.72

Cigna Dental PPO 5500

	Monthly	Per Check
Employee	\$ 58.36	\$29.18
Employee/Child(ren)	\$ 87.55	\$43.78
Employee/Partner	\$116.73	\$58.37
Family	\$151.73	\$75.87

Dominion Elite Plus ePPO

	Monthly	Per Check
Employee	\$17.99	\$9.00
Employee/Child(ren)	\$34.22	\$17.11
Employee/Partner	\$34.22	\$17.11
Family	\$44.00	\$22.00

Cigna Dental Annual deductibles for 2500 and 5500 Plans:

Individual
Employee-Spouse/Family

In-Network

\$0 per year
\$0 per year

Non-Network

\$0 per year
\$0 per year

Dominion Annual deductibles ePPO Plan:

Individual
Employee-Spouse/Family

In-Network

\$ 25 per year
\$75 per year

Non-Network

N/A
N/A

VISION:

VSP Vision

	Monthly	Per Check
Employee	\$ 6.56	\$ 3.28
Employee/Children	\$ 14.02	\$ 7.01
Employee/Partner	\$ 13.12	\$ 6.56
Family	\$ 22.42	\$11.21

Dental and Vision coverage can be purchased whether you participate in the PPO, HSA or no medical plan. There is no school contribution to these plans.