

January 1, 2026 - December 31, 2026

FEA

Gold Plan

Single: \$1,000 deductible & \$2,500 total out of pocket expense per calendar year
Family: \$3,000 deductible & \$5,000 total out of pocket expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,355.37	\$1,152.07	\$203.31	\$576.03	\$101.65	\$13,824.79	\$2,439.67
Single + Child	\$2,251.54	\$1,350.92	\$900.61	\$675.46	\$450.31	\$16,211.07	\$10,807.38
Single + Spouse	\$2,551.84	\$1,531.10	\$1,020.74	\$765.55	\$510.37	\$18,373.24	\$12,248.83
Family	\$2,937.96	\$1,762.77	\$1,175.18	\$881.39	\$587.59	\$21,153.30	\$14,102.20

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,807.16	\$1,536.09	\$271.07	\$768.04	\$135.54	\$13,824.79	\$2,439.67
Single + Child	\$3,002.05	\$1,801.23	\$1,200.82	\$900.61	\$600.41	\$16,211.07	\$10,807.38
Single + Spouse	\$3,402.45	\$2,041.47	\$1,360.98	\$1,020.74	\$680.49	\$18,373.24	\$12,248.83
Family	\$3,917.28	\$2,350.37	\$1,566.91	\$1,175.18	\$783.46	\$21,153.30	\$14,102.20

Silver Plan

Single: \$2,000 deductible & \$5,000 total out of pocket expense per calendar year
Family: \$6,000 deductible & \$10,000 total out of pocket expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,194.89	\$1,015.65	\$179.23	\$507.83	\$89.62	\$12,187.85	\$2,150.80
Single + Child	\$1,971.89	\$1,183.13	\$788.76	\$591.57	\$394.38	\$14,197.61	\$9,465.07
Single + Spouse	\$2,235.66	\$1,341.40	\$894.26	\$670.70	\$447.13	\$16,096.75	\$10,731.17
Family	\$2,682.14	\$1,609.28	\$1,072.86	\$804.64	\$536.43	\$19,311.39	\$12,874.26

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,593.18	\$1,354.21	\$238.98	\$677.10	\$119.49	\$12,187.85	\$2,150.80
Single + Child	\$2,629.19	\$1,577.51	\$1,051.67	\$788.76	\$525.84	\$14,197.61	\$9,465.07
Single + Spouse	\$2,980.88	\$1,788.53	\$1,192.35	\$894.26	\$596.18	\$16,096.75	\$10,731.17
Family	\$3,576.18	\$2,145.71	\$1,430.47	\$1,072.86	\$715.24	\$19,311.39	\$12,874.26

HSA High Deductible Plan

Single: \$3,400 deductible & \$6,800 total out of pocket expense per calendar year
Family: \$6,800 deductible & \$13,600 total out of pocket expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,189.17	\$1,010.80	\$178.38	\$505.40	\$89.19	\$12,129.57	\$2,140.51
Single + Child	\$1,962.47	\$1,177.48	\$784.99	\$588.74	\$392.49	\$14,129.77	\$9,419.85
Single + Spouse	\$2,224.96	\$1,334.98	\$889.98	\$667.49	\$444.99	\$16,019.73	\$10,679.82
Family	\$2,669.32	\$1,601.59	\$1,067.73	\$800.80	\$533.86	\$19,219.14	\$12,812.76

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,585.56	\$1,347.73	\$237.83	\$673.86	\$118.92	\$12,129.57	\$2,140.51
Single + Child	\$2,616.62	\$1,569.97	\$1,046.65	\$784.99	\$523.32	\$14,129.77	\$9,419.85
Single + Spouse	\$2,966.62	\$1,779.97	\$1,186.65	\$889.98	\$593.32	\$16,019.73	\$10,679.82
Family	\$3,559.10	\$2,135.46	\$1,423.64	\$1,067.73	\$711.82	\$19,219.14	\$12,812.76

Bronze High Deductible Plan

Single: \$3,350 deductible & \$6,450 total out of pocket expense per calendar year
Family: \$6,450 deductible & \$12,900 total out of pocket expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,029.64	\$875.19	\$154.45	\$437.60	\$77.22	\$10,502.30	\$1,853.35
Single + Child	\$1,684.29	\$0.00	\$1,684.29	\$0.00	\$842.15	\$0.00	\$20,211.50
Single + Spouse	\$1,911.51	\$0.00	\$1,911.51	\$0.00	\$955.75	\$0.00	\$22,938.07
Family	\$2,429.50	\$0.00	\$2,429.50	\$0.00	\$1,214.75	\$0.00	\$29,154.04

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,372.85	\$1,166.92	\$205.93	\$583.46	\$102.96	\$10,502.30	\$1,853.35
Single + Child	\$2,245.72	\$0.00	\$2,245.72	\$0.00	\$1,122.86	\$0.00	\$20,211.50
Single + Spouse	\$2,548.67	\$0.00	\$2,548.67	\$0.00	\$1,274.34	\$0.00	\$22,938.07
Family	\$3,239.34	\$0.00	\$3,239.34	\$0.00	\$1,619.67	\$0.00	\$29,154.04

HMO Plan

Single: \$0 deductible - \$1,500 total out of pocket expense per calendar year
Family: \$0 deductible - \$3,000 total out of pocket expense per calendar year

Coverage (24 Pay)	Cost	Monthly Contribution		Per Paycheck (24)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,110.55	\$943.97	\$166.58	\$471.98	\$83.29	\$11,327.61	\$1,998.99
Single + Child(ren)	\$1,917.92	\$1,150.75	\$767.17	\$575.38	\$383.58	\$13,809.02	\$9,206.02
Single + Spouse	\$2,160.57	\$1,296.34	\$864.23	\$648.17	\$432.11	\$15,556.10	\$10,370.74
Family	\$2,776.40	\$1,665.84	\$1,110.56	\$832.92	\$555.28	\$19,990.08	\$13,326.72

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,480.73	\$1,258.62	\$222.11	\$629.31	\$111.06	\$11,327.61	\$1,998.99
Single + Child(ren)	\$2,557.23	\$1,534.34	\$1,022.89	\$767.17	\$511.45	\$13,809.02	\$9,206.02
Single + Spouse	\$2,880.76	\$1,728.46	\$1,152.30	\$864.23	\$576.15	\$15,556.10	\$10,370.74
Family	\$3,701.87	\$2,221.12	\$1,480.75	\$1,110.56	\$740.37	\$19,990.08	\$13,326.72