

January 1, 2026 - December 31, 2026
FEA - Wellness

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	\$1,219.83	\$135.54	\$609.92	\$67.77	\$14,638.02	\$1,626.45
Single + Child	\$2,251.54	\$1,463.50	\$788.04	\$731.75	\$394.02	\$17,561.99	\$9,456.46
Single + Spouse	\$2,551.84	\$1,658.70	\$893.14	\$829.35	\$446.57	\$19,904.35	\$10,717.73
Family	\$2,937.96	\$1,909.67	\$1,028.29	\$954.84	\$514.14	\$22,916.07	\$12,339.42

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,807.16	\$1,626.45	\$180.72	\$813.22	\$90.36	\$14,638.02	\$1,626.45
Single + Child	\$3,002.05	\$1,951.33	\$1,050.72	\$975.67	\$525.36	\$17,561.99	\$9,456.46
Single + Spouse	\$3,402.45	\$2,211.59	\$1,190.86	\$1,105.80	\$595.43	\$19,904.35	\$10,717.73
Family	\$3,917.28	\$2,546.23	\$1,371.05	\$1,273.12	\$685.52	\$22,916.07	\$12,339.42

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	\$1,075.40	\$119.49	\$537.70	\$59.74	\$12,904.78	\$1,433.86
Single + Child	\$1,971.89	\$1,281.73	\$690.16	\$640.86	\$345.08	\$15,380.74	\$8,281.94
Single + Spouse	\$2,235.66	\$1,453.18	\$782.48	\$726.59	\$391.24	\$17,438.15	\$9,389.77
Family	\$2,682.14	\$1,743.39	\$938.75	\$871.69	\$469.37	\$20,920.68	\$11,264.98

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,593.18	\$1,433.86	\$159.32	\$716.93	\$79.66	\$12,904.78	\$1,433.86
Single + Child	\$2,629.19	\$1,708.97	\$920.22	\$854.49	\$460.11	\$15,380.74	\$8,281.94
Single + Spouse	\$2,980.88	\$1,937.57	\$1,043.31	\$968.79	\$521.65	\$17,438.15	\$9,389.77
Family	\$3,576.18	\$2,324.52	\$1,251.66	\$1,162.26	\$625.83	\$20,920.68	\$11,264.98

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	\$1,070.26	\$118.92	\$535.13	\$59.46	\$12,843.07	\$1,427.01
Single + Child	\$1,962.47	\$1,275.60	\$686.86	\$637.80	\$343.43	\$15,307.25	\$8,242.37
Single + Spouse	\$2,224.96	\$1,446.23	\$778.74	\$723.11	\$389.37	\$17,354.70	\$9,344.84
Family	\$2,669.32	\$1,735.06	\$934.26	\$867.53	\$467.13	\$20,820.73	\$11,211.16

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,585.56	\$1,427.01	\$158.56	\$713.50	\$79.28	\$12,843.07	\$1,427.01
Single + Child	\$2,616.62	\$1,700.81	\$915.82	\$850.40	\$457.91	\$15,307.25	\$8,242.37
Single + Spouse	\$2,966.62	\$1,928.30	\$1,038.32	\$964.15	\$519.16	\$17,354.70	\$9,344.84
Family	\$3,559.10	\$2,313.41	\$1,245.68	\$1,156.71	\$622.84	\$20,820.73	\$11,211.16

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	\$926.67	\$102.96	\$463.34	\$51.48	\$11,120.08	\$1,235.56
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	\$1,235.56	\$137.28	\$617.78	\$68.64	\$11,120.08	\$1,235.56
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	\$999.50	\$111.06	\$499.75	\$55.53	\$11,993.94	\$1,332.66
Single + Child	\$1,917.92	\$1,246.65	\$671.27	\$623.32	\$335.64	\$14,959.78	\$8,055.26
Single + Spouse	\$2,160.57	\$1,404.37	\$756.20	\$702.19	\$378.10	\$16,852.45	\$9,074.39
Family	\$2,776.40	\$1,804.66	\$971.74	\$902.33	\$485.87	\$21,655.92	\$11,660.88

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,480.73	\$1,332.66	\$148.07	\$666.33	\$74.04	\$11,993.94	\$1,332.66
Single + Child	\$2,557.23	\$1,662.20	\$895.03	\$831.10	\$447.51	\$14,959.78	\$8,055.26
Single + Spouse	\$2,880.76	\$1,872.49	\$1,008.27	\$936.25	\$504.13	\$16,852.45	\$9,074.39
Family	\$3,701.87	\$2,406.21	\$1,295.65	\$1,203.11	\$647.83	\$21,655.92	\$11,660.88