

**January 1, 2026 - December 31, 2026
Transportation**

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	\$1,287.60	\$67.77	\$643.80	\$33.88	\$15,451.24	\$813.22
Single + Child	\$2,251.54	\$1,337.60	\$913.93	\$668.80	\$456.97	\$16,051.24	\$10,967.21
Single + Spouse	\$2,551.84	\$1,337.60	\$1,214.24	\$668.80	\$607.12	\$16,051.24	\$14,570.83
Family	\$2,937.96	\$1,337.60	\$1,600.35	\$668.80	\$800.18	\$16,051.24	\$19,204.26

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,807.16	\$1,716.80	\$90.36	\$858.40	\$45.18	\$15,451.24	\$813.22
Single + Child	\$3,002.05	\$1,783.47	\$1,218.58	\$891.74	\$609.29	\$16,051.24	\$10,967.21
Single + Spouse	\$3,402.45	\$1,783.47	\$1,618.98	\$891.74	\$809.49	\$16,051.24	\$14,570.83
Family	\$3,917.28	\$1,783.47	\$2,133.81	\$891.74	\$1,066.90	\$16,051.24	\$19,204.26

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	\$1,135.14	\$59.74	\$567.57	\$29.87	\$13,621.71	\$716.93
Single + Child	\$1,971.89	\$1,185.14	\$786.75	\$592.57	\$393.37	\$14,221.71	\$9,440.96
Single + Spouse	\$2,235.66	\$1,185.14	\$1,050.52	\$592.57	\$525.26	\$14,221.71	\$12,606.21
Family	\$2,682.14	\$1,185.14	\$1,497.00	\$592.57	\$748.50	\$14,221.71	\$17,963.94

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,593.18	\$1,513.52	\$79.66	\$756.76	\$39.83	\$13,621.71	\$716.93
Single + Child	\$2,629.19	\$1,580.19	\$1,049.00	\$790.10	\$524.50	\$14,221.71	\$9,440.96
Single + Spouse	\$2,980.88	\$1,580.19	\$1,400.69	\$790.10	\$700.34	\$14,221.71	\$12,606.21
Family	\$3,576.18	\$1,580.19	\$1,995.99	\$790.10	\$998.00	\$14,221.71	\$17,963.94

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	\$1,129.71	\$59.46	\$564.86	\$29.73	\$13,556.58	\$713.50
Single + Child	\$1,962.47	\$1,179.71	\$782.75	\$589.86	\$391.38	\$14,156.58	\$9,393.04
Single + Spouse	\$2,224.96	\$1,179.71	\$1,045.25	\$589.86	\$522.62	\$14,156.58	\$12,542.97
Family	\$2,669.32	\$1,179.71	\$1,489.61	\$589.86	\$744.80	\$14,156.58	\$17,875.32

Coverage (18 Pay)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,585.56	\$1,506.29	\$79.28	\$753.14	\$39.64	\$13,556.58	\$713.50
Single + Child	\$2,616.62	\$1,572.95	\$1,043.67	\$786.48	\$521.84	\$14,156.58	\$9,393.04
Single + Spouse	\$2,966.62	\$1,572.95	\$1,393.66	\$786.48	\$696.83	\$14,156.58	\$12,542.97
Family	\$3,559.10	\$1,572.95	\$1,986.15	\$786.48	\$993.07	\$14,156.58	\$17,875.32

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	\$978.16	\$51.48	\$489.08	\$25.74	\$11,737.86	\$617.78
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 ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,372.85	\$1,304.21	\$68.64	\$652.10	\$34.32	\$11,737.86	\$617.78
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	\$1,055.02	\$55.53	\$527.51	\$27.76	\$12,660.27	\$666.33
Single + Child	\$1,917.92	\$1,105.02	\$812.90	\$552.51	\$406.45	\$13,260.27	\$9,754.77
Single + Spouse	\$2,160.57	\$1,105.02	\$1,055.55	\$552.51	\$527.77	\$13,260.27	\$12,666.57
Family	\$2,776.40	\$1,105.02	\$1,671.38	\$552.51	\$835.69	\$13,260.27	\$20,056.53

Coverage (18 Pay ONLY)	Cost	Monthly Contribution		Per Paycheck (18)		Annual	
		Board	Employee	Board	Employee	Board	Employee
Single	\$1,480.73	\$1,406.70	\$74.04	\$703.35	\$37.02	\$12,660.27	\$666.33
Single + Child	\$2,557.23	\$1,473.36	\$1,083.86	\$736.68	\$541.93	\$13,260.27	\$9,754.77
Single + Spouse	\$2,880.76	\$1,473.36	\$1,407.40	\$736.68	\$703.70	\$13,260.27	\$12,666.57
Family	\$3,701.87	\$1,473.36	\$2,228.50	\$736.68	\$1,114.25	\$13,260.27	\$20,056.53