

RATES FOR PAYROLL 6 (PAID MONTHLY)

INSURANCE RATES EFFECTIVE 01/01/2026

Option I (Rx Co-Pay)

	Employee	+	Dependent	=	Monthly Cost
Employee Only	190.00			=	190.00
Employee + One Child	190.00	+	320.00	=	510.00
Employee + Two or more Children	190.00	+	400.00	=	590.00
Employee + Spouse	190.00	+	590.00	=	780.00
Employee + Family	190.00	+	845.00	=	1,035.00

(Individual Deductible: \$2,550) **OPT I** (Family Deductible: \$4,500)

(OPT I: In-Network Co-Pay \$60.00 & In-Network Specialist Physician Co-Pay \$100.00)

(Also includes an In-Network Urgent Care Co-pay of \$60.00) (CARE-ATC - No Cost)

Option II (After \$500 Rx Deductible - Rx Co-Pay)

	Employee	+	Dependent	=	Monthly Cost
Employee Only	90.00			=	90.00
Employee + One Child	90.00	+	295.00	=	385.00
Employee + Two or more Children	90.00	+	350.00	=	440.00
Employee + Spouse	90.00	+	515.00	=	605.00
Employee + Family	90.00	+	715.00	=	805.00

(Individual Deductible: \$3,000) **OPT II** (Family Deductible: \$6,000)

(OPT III No Co-Pay) (CARE-ATC - No Cost)

Option III - H.S.A. - (No Rx Co-Pay)

	Employee	+	Dependent	=	Monthly Cost
Employee Only	0.00			=	0.00
Employee + One Child	90.00	+	260.00	=	350.00
Employee + Two or more Children	90.00	+	305.00	=	395.00
Employee + Spouse	90.00	+	465.00	=	555.00
Employee + Family	90.00	+	685.00	=	775.00

(Individual Deductible: \$2,000) **OPT III H.S.A.** (Family Deductible: \$4,000)

(OPT III - H.S.A. No Co-Pay) (CARE-ATC Co-pay \$25.00)

Hospital Indemnity

Employee Only	0.00	=	0.00
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Employees who get paid once a month

