

MONTHLY RATES

2025-2026 PLAN YEAR (JULY 1, 2025 TO JUNE 30, 2026)

Health Coverage Options

	DIAMOND Advantage	DIAMOND Preferred	PLATINUM Advantage	PLATINUM Preferred	GOLD Preferred	SILVER Preferred	BRONZE Preferred	COBALT Preferred
Employee	660.20	776.70	584.18	699.04	667.96	644.66	621.36	563.10
Spouse	771.90	908.12	694.70	817.30	780.98	753.74	726.50	658.38
Child	315.40	371.06	283.86	333.96	319.12	307.98	296.84	269.02
Children	513.46	604.08	462.12	543.68	519.50	501.38	483.26	437.96
Spouse & Child	1,087.30	1,279.18	978.56	1,151.26	1,100.10	1,061.72	1,023.34	927.40
Spouse & Children	1,285.36	1,512.20	1,156.82	1,360.98	1,300.48	1,255.12	1,209.76	1,096.34

Dental Coverage

	ENHANCED Dental	STANDARD Dental
Employee	49.76	44.78
Spouse	61.46	55.32
Child	26.30	23.66
Children	41.80	37.64
Spouse & Child	87.76	78.98
Spouse & Children	103.26	92.96

Vision Coverage

	ENHANCED Vision	STANDARD Vision
Employee	7.74	6.70
Spouse	6.80	5.50
Child	7.22	5.82
Children	7.22	5.82
Spouse & Child	18.44	14.92
Spouse & Children	18.44	14.92

Life Coverage

\$20,000	6.50
\$20,000	9.74
\$20,000	13.00
\$20,000	16.24