# 2026
# Health & Dental Insurance Rates

| | HEALTH INSURANCE CLASSIFICATION | 2026 MONTHLY PREMIUM | EMPLOYEE MONTHLY CONTRIBUTION | PAY PERIODS 1 & 2 ONLY |
|---|---|---|---|---|
| PPO 1 | Single coverage | 987.73 | 118.53 | 59.27 |
| | Employee + Spouse | 2254.75 | 270.57 | 135.29 |
| | Employee + Children | 2164.65 | 259.76 | 129.88 |
| | Family coverage | 3241.18 | 388.94 | 194.47 |
| PPO 2 | Single coverage | 916.35 | 0.00 | 0.00 |
| | Employee + Spouse | 2091.80 | 104.59 | 52.30 |
| | Employee + Children | 2008.22 | 100.41 | 50.21 |
| | Family coverage | 3006.92 | 150.35 | 75.18 |
| PPO 3 | Single coverage | 866.94 | 104.03 | 52.02 |
| | Employee + Spouse | 1978.98 | 237.48 | 118.74 |
| | Employee + Children | 1899.91 | 227.99 | 114.00 |
| | Family coverage | 2844.74 | 341.37 | 170.69 |
| HMO | Single coverage | 630.92 | 75.71 | 37.86 |
| | Employee + Spouse | 1432.38 | 171.89 | 85.95 |
| | Employee + Children | 1361.02 | 163.32 | 81.66 |
| | Family coverage | 1967.68 | 236.12 | 118.06 |

| | DENTAL INSURANCE CLASSIFICATION | 2026 MONTHLY PREMIUM | EMPLOYEE MONTHLY CONTRIBUTION | PAY PERIODS 1 Only |
|---|---|---|---|---|
| PPO** | Single coverage | 47.98 | 47.98 | 47.98 |
| | Employee + Spouse | 96.51 | 96.51 | 96.51 |
| | Employee + Children | 74.75 | 74.75 | 74.75 |
| | Family coverage | 138.07 | 138.07 | 138.07 |
| HMO | Single coverage | 16.76 | 16.76 | 16.76 |
| | Employee + Spouse | 31.00 | 31.00 | 31.00 |
| | Employee + Children | 35.02 | 35.02 | 35.02 |
| | Family coverage | 49.26 | 49.26 | 49.26 |

****Free to employees enrolled in PPO 3 Health Insurance**