



Employee Health Plan Rates

Effective: September 1, 2025 to August 31, 2026



Basic Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 123.70	\$ 61.85	\$ 28.55	\$ 14.27
Family	\$ 304.58	\$ 152.29	\$ 70.29	\$ 35.14
Waive	\$ 10.66	\$ 10.66	\$ 4.92	\$ 2.46

Enhanced Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 180.47	\$ 90.24	\$ 41.65	\$ 20.82
Family	\$ 443.52	\$ 221.76	\$ 102.35	\$ 51.18
Waive	\$ 18.16	\$ 18.16	\$ 8.38	\$ 4.19

Enhanced Plan - With \$1,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 201.85	\$ 100.92	\$ 46.58	\$ 23.29
Family	\$ 464.90	\$ 232.45	\$ 107.28	\$ 53.64
Waive	\$ 39.54	\$ 39.54	\$ 18.25	\$ 9.12

Enhanced Option (5 Year Benefit: Max \$1,500 per month)

* LTD is optional and calculations assume a salary of \$27,000. Premium will be less if salaries are below this level.

Comprehensive Plan

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 224.71	\$ 112.36	\$ 51.86	\$ 25.93
Family	\$ 544.59	\$ 272.30	\$ 125.67	\$ 62.84
Waive	\$ 28.74	\$ 28.74	\$ 13.26	\$ 6.63

Comprehensive Plan - With \$2,500 LTD

	Total Monthly	50% Cost Share	Per Bi-Wkly Pay	Per Wkly Pay
Single	\$ 334.41	\$ 167.21	\$ 77.17	\$ 38.59
Family	\$ 654.29	\$ 327.15	\$ 150.99	\$ 75.50
Waive	\$ 138.44	\$ 138.44	\$ 63.90	\$ 31.95

Comprehensive Option (Age 65 Benefit: Max \$2,500 per month)

** LTD is optional and calculations assume a salary of \$45,000. Premium will be less if salaries are below this level.