2026 Monthly Premium Rates

Full Time Coverage Level	Advantage Standard	Advantage Plus	Dental
Employee Only	$90.00	$119.00	$2.00
Employee and Spouse	$235.00	$300.00	$24.00
Employee and Child(ren)	$180.00	$240.00	$24.00
Employee and Family	$315.00	$400.00	$24.00

Part Time Coverage Level	Advantage Standard	Advantage Plus	Dental
Employee Only	$1,327.66	$1,438.40	$51.44
Employee and Spouse	$2,653.02	$2,874.54	$155.88
Employee and Child(ren)	$2,438.66	$2,638.14	$155.88
Employee and Family	$3,209.86	$3,470.38	$155.88

Retiree Coverage Level	Advantage Standard	Advantage Plus	Dental
Employee Only	$1,327.67	$1,436.82	$29.73
Employee and Spouse	$2,653.02	$2,871.24	$90.04
Employee and Child(ren)	$2,438.67	$2,638.94	$90.04
Employee and Family	$3,209.86	$3,473.36	$90.04

COBRA Coverage Level	Advantage Standard	Advantage Plus	Dental
Employee Only	$1,354.22	$1,467.18	$52.48
Employee and Spouse	$2,706.08	$2,932.03	$159.01
Employee and Child(ren)	$2,487.44	$2,690.91	$159.01
Employee and Family	$3,274.06	$3,539.79	$159.01