2025 vs. 2026 PREMIUM SHARE RATES

Medical/Rx Insurance

	Employee Cost per Month		
	2025	2026	Change
Deductible Plan (Aetna/AffirmRx)			
Employee Only	$98.20	$106.74	$8.54
Employee & Spouse/Partner	$410.70	$446.38	$35.68
Employee & Child(ren)	$363.00	$394.54	$31.54
Couple & Child(ren)	$566.26	$615.48	$49.22
High-Deductible Plan (Aetna/AffirmRx)			
Employee Only	$37.64	$40.90	$3.26
Employee & Spouse/Partner	$167.50	$182.06	$14.56
Employee & Child(ren)	$148.00	$160.88	$12.88
Couple & Child(ren)	$230.88	$250.94	$20.06
HMO (Kaiser Permanente)			
Employee Only	$65.60	$71.84	$6.24
Employee & Spouse/Partner	$275.30	$301.70	$26.40
Employee & Child(ren)	$257.56	$282.26	$24.70
Couple & Child(ren)	$396.10	$434.18	$38.08

Dental and Vision Insurance

	Employee Cost per Month		
	2025	2026	Change
Legacy & Core (Delta Dental)			
Employee Only	$3.18	$3.18	-
Employee & Spouse/Partner	$19.04	$19.04	-
Employee & Child(ren)	$16.20	$16.20	-
Couple & Child(ren)	$26.20	$26.20	-
Enhanced (Delta Dental)			
Employee Only	$25.52	$25.52	-
Employee & Spouse/Partner	$63.74	$63.74	-
Employee & Child(ren)	$54.18	$54.18	-
Couple & Child(ren)	$87.66	$87.66	-
Core Vision (VSP)			
Employee Only	$1.34	$1.34	-
Employee & Spouse/Partner	$4.12	$4.12	-
Employee & Child(ren)	$4.38	$4.38	-
Couple & Child(ren)	$6.92	$6.92	-
Vision Enhanced (VSP)			
Employee Only	$5.98	$5.98	-
Employee & Spouse/Partner	$13.44	$13.44	-
Employee & Child(ren)	$14.34	$14.34	-
Couple & Child(ren)	$22.82	$22.82	-