

2025-26 Plan Year

Navigate HMO Copay (EIVW)			
	Monthly Premium with Employer		
	Contribution (\$310)	Bi-Weekly with Employer Contribution	
Employee Only	153.73	\$70.95	
Employee +			
Spouse	901.95	\$416.28	
Employee +			
Children	476.405	\$219.88	
Family	1177.85	\$543.62	

Navigate HMO HAS (EIWZ)			
	Monthly Premium with Employer		
	Contribution (\$310)	Bi-Weekly with Employer Contribution	
Employee Only	195.34	\$90.16	
Employee +			
Spouse	1010.685	\$466.47	
Employee +			
Children	546.955	\$252.44	
Family	1311.355	\$605.24	

Choice+ (EIXX)			
	Monthly Premium with Employer		
	Contribution (\$310)	Bi-Weekly with Employer Contribution	
Employee Only	240.37	\$110.94	
Employee +			
Spouse	1128.36	\$520.78	
Employee +			
Children	623.31	\$287.68	
Family	1455.805	\$671.91	