

# 2025-26 Benefits Rates

## United Healthcare HDHP

	Total Monthly Premium	Employee Monthly Premium	Employee Semi-Monthly Premium
--	-----------------------	--------------------------	-------------------------------

Employee Only	\$1,001.04	\$20.00	\$10.00
Employee & Spouse	\$1,531.59	\$200.00	\$100.00
Employee & Child(ren)	\$1,381.44	\$175.00	\$87.50
Employee & Family	\$1,942.01	\$480.00	\$240.00

## United Healthcare Silver PPO Plan

Employee Only	\$1,022.83	\$40.00	\$20.00
Employee & Spouse	\$1,636.52	\$350.00	\$175.00
Employee & Child(ren)	\$1,472.87	\$255.00	\$127.50
Employee & Family	\$2,086.57	\$670.00	\$355.00

## United Healthcare Gold PPO Plan

Employee Only	\$1,063.74	\$100.00	\$50.00
Employee & Spouse	\$1,701.98	\$500.00	\$250.00
Employee & Child(ren)	\$1,531.78	\$388.00	\$190.00
Employee & Family	\$2,170.03	\$810.00	\$405.00

## Delta Dental - Dental Plan

Employee Only	\$33.09	\$0.00	\$0.00
Employee & Spouse	\$33.09	\$38.56	\$19.28
Employee & Child(ren)	\$33.09	\$61.17	\$30.59
Employee & Family	\$33.09	\$97.64	\$48.82

## EyeMed - Vision Plan

Employee Only	\$0.00	\$4.85	\$2.43
Employee & Spouse	\$0.00	\$9.21	\$4.61
Employee & Child(ren)	\$0.00	\$9.68	\$4.84
Employee & Family	\$0.00	\$14.25	\$7.13