

City of Cedar Park

Budget and Contribution Rates Effective 11/1/2025 through 10/31/2026

Active EE: UHC - Medical HDHP

Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium*
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ 10.00	\$ 20.00	98%	\$ 490.52	\$ 981.04	\$ 1,001.04
EE + SP	\$ 100.00	\$ 200.00	87%	\$ 665.79	\$ 1,331.59	\$ 1,531.59
EE + CH	\$ 87.50	\$ 175.00	87%	\$ 603.22	\$ 1,206.44	\$ 1,381.44
EE + FAM	\$ 240.00	\$ 480.00	75%	\$ 731.00	\$ 1,462.01	\$ 1,942.01

* Does not include Employer contribution to the HSA.

Active EE: UHC - Medical Silver PPO

Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ 20.00	\$ 40.00	96%	\$ 491.42	\$ 982.83	\$ 1,022.83
EE + SP	\$ 175.00	\$ 350.00	79%	\$ 643.26	\$ 1,286.52	\$ 1,636.52
EE + CH	\$ 127.50	\$ 255.00	83%	\$ 608.94	\$ 1,217.87	\$ 1,472.87
EE + FAM	\$ 335.00	\$ 670.00	68%	\$ 708.29	\$ 1,416.57	\$ 2,086.57

Active EE: UHC - Medical Gold PPO

Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ 50.00	\$ 100.00	91%	\$ 481.87	\$ 963.74	\$ 1,063.74
EE + SP	\$ 250.00	\$ 500.00	71%	\$ 600.99	\$ 1,201.98	\$ 1,701.98
EE + CH	\$ 190.00	\$ 380.00	75%	\$ 575.89	\$ 1,151.78	\$ 1,531.78
EE + FAM	\$ 405.00	\$ 810.00	63%	\$ 680.02	\$ 1,360.03	\$ 2,170.03

Delta Dental - Dental

Coverage Level	Employee Contribution		CP Funding %	Employer Contribution		Total Monthly Premium
	Pay Period	Monthly		Pay Period	Monthly	
EE Only	\$ -	\$ -	100%	\$ -	\$ 33.09	\$ 33.09
EE + SP	\$ 18.04	\$ 36.07	50%	\$ 18.04	\$ 35.58	\$ 71.65
EE + CH	\$ 29.34	\$ 58.68	38%	\$ 29.34	\$ 35.58	\$ 94.26
EE + FAM	\$ 47.58	\$ 95.15	27%	\$ 47.58	\$ 35.58	\$ 130.73

Active EE: AETNA - Vision

Coverage Level	Employee Contribution	
	Pay Period	Monthly
EE Only	\$ 2.43	\$ 4.85
EE + SP	\$ 4.61	\$ 9.21
EE + CH	\$ 4.84	\$ 9.68
EE + FAM	\$ 7.13	\$ 14.25

COBRA EE: UHC - HDHP			
Coverage Level	Monthly Premium		Premium + 2% Admin Fee
EE Only	\$	1,001.04	\$ 1,021.06
EE + SP	\$	1,531.59	\$ 1,562.22
EE + CH	\$	1,381.44	\$ 1,409.07
EE + FAM	\$	1,942.01	\$ 1,980.85

COBRA EE: UHC - Silver PPO			
Coverage Level	Monthly Premium		Premium + 2% Admin Fee
EE Only	\$	1,022.83	\$ 1,043.29
EE + SP	\$	1,636.52	\$ 1,669.25
EE + CH	\$	1,472.87	\$ 1,502.33
EE + FAM	\$	2,086.57	\$ 2,128.30

COBRA EE: UHC - Gold PPO			
Coverage Level	Monthly Premium		Premium + 2% Admin Fee
EE Only	\$	1,063.74	\$ 1,085.01
EE + SP	\$	1,701.98	\$ 1,736.02
EE + CH	\$	1,531.78	\$ 1,562.42
EE + FAM	\$	2,170.03	\$ 2,213.43

COBRA EE: Delta Dental - Dental			
Coverage Level	Monthly Premium		Premium + 2% Admin Fee
EE Only	\$	33.09	\$ 33.75
EE + SP	\$	71.65	\$ 73.08
EE + CH	\$	94.26	\$ 96.15
EE + FAM	\$	130.73	\$ 133.34

COBRA EE: AETNA - Vision			
Coverage Level	Monthly Premium		Premium + 2% Admin Fee
EE Only	\$	4.85	\$ 4.95
EE + SP	\$	9.21	\$ 9.39
EE + CH	\$	9.68	\$ 9.87
EE + FAM	\$	14.25	\$ 14.54