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 Contribtuion		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 Contribtuion		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	$ 19.28	$ 38.56	46%	$ 16.55	$ 33.09	$ 71.65
EE + CH	$ 30.59	$ 61.17	35%	$ 16.55	$ 33.09	$ 94.26
EE + FAM	$ 48.82	$ 97.64	25%	$ 16.55	$ 33.09	$ 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