

2026 MEDICAL AND DENTAL PREMIUMS

Bi-weekly cost per plan (Cost only paid over 24 pay periods)
75% Family 60% Family 50% Family 25% Family

	High Deductible Employee Only	High Deductible Family	High Deductible Family	High Deductible Family	High Deductible Family	1200 Deductible Employee Only Coverage	1200 Deductible Family Coverage
Medical Employee Cost		79.47	127.16	158.94	238.41	-	144.03
Medical Employer Cost	255.98	494.39	446.70	414.92	335.45	331.25	598.73
Dental Employee Cost						3.75	14.37
Dental Employer Cost						8.75	18.13
Payperiod Total	255.98	573.86	573.86	573.86	573.86	343.75	775.25
Payperiods	2	2	2	2	2	2	2
Monthly Insurance Total (Employee & Employer)	511.95	1,147.71	1,147.71	1,147.71	1,147.71	687.50	1,550.50