2026

M O N T H L Y

	TOTAL PREMIUM	COLLEGE CONTRIB.	EMPLOYEE CONTRIB.
ACTIVES- CAPITAL BLUE CROSS			
Standard PPO			
INDIVIDUAL	$919.81	$781.84	$137.97
EMPL+SP	2,525.85	1,842.28	683.57
EMPL/CHILD	2,149.27	1,771.93	377.34
EMPL/CHILDREN	2,259.48	1,857.22	402.26
FAMILY	2,636.07	1,926.13	709.94
High Deductible/HSA			
INDIVIDUAL	$848.15	$848.15	$0.00
EMPL+SP	2,240.31	1,842.28	398.03
EMPL/CHILD	1,942.89	1,771.93	170.96
EMPL/CHILDREN	2,029.95	1,857.22	172.73
FAMILY	2,327.29	1,926.13	401.16
Low Deductible			
INDIVIDUAL	$1,174.12	$781.84	$392.28
EMPL+SP	3,338.55	1,842.28	1,496.27
EMPL/CHILD	2,840.84	1,771.93	1,068.91
EMPL/CHILDREN	2,986.47	1,857.22	1,129.25
FAMILY	3,484.27	1,926.13	1,558.14
Delta Dental PPO			
SINGLE COVERAGE	$35.95	-	$35.95
TWO-PARTY	71.93	-	71.93
THREE OR MORE	93.00	-	93.00