

# 2026

## M O N T H L Y

**TOTAL  
PREMIUM**

**COLLEGE  
CONTRIB.**

**EMPLOYEE  
CONTRIB.**

### **PRE-65 RETIREES**

#### **Capital Blue Cross Standard PPO**

RETIREE	\$795.48	\$725.37	\$70.11
SP/SURV SP	795.48	556.78	238.70
RETIREE+SP	2,184.44	1,549.39	635.05
RETIREE/CHILD	1,858.76	1,508.20	350.56
RETIREE/CHILDREN	1,954.09	1,580.36	373.73
FAMILY	2,279.76	1,620.21	659.55

#### **Capital Blue Cross Low Deductible**

RETIREE	\$1,015.42	\$725.37	\$290.05
SP/SURV SP	1,015.42	556.78	458.64
RETIREE+SP	2,887.29	1,549.39	1,337.90
RETIREE/CHILD	2,456.85	1,508.20	948.65
RETIREE/CHILDREN	2,582.80	1,580.36	1,002.44
FAMILY	3,013.31	1,620.21	1,393.10

### **POST-65 RETIREES**

#### **Highmark FreedomBlue PPO**

RETIREE	\$281.00	\$252.90	\$28.10
SP/SURV SP	281.00	196.70	84.30

#### **Delta Dental PPO**

SINGLE COVERAGE	\$35.95	-	\$35.95
TWO-PARTY	71.93	-	71.93
THREE OR MORE	93.00	-	93.00