

Proposed Monthly Premium Rates

Provider	Coverage Option	CY 2025	CY 2026	%Change	Est # of Employees (1/1/26)
Blue Cross (PPO)	Single	\$1,509.21	\$1,639.48	8.6%	256
	Couple	\$3,037.99	\$3,300.20	8.6%	237
	Family	\$4,074.79	\$4,426.49	8.6%	345
Blue Cross (HMO)	Single	\$976.46	\$1,005.76	3.0%	96
	Couple	\$2,050.55	\$2,112.07	3.0%	84
	Family	\$2,929.12	\$3,017.00	3.0%	154
Kaiser (HMO)	Single	\$837.07	\$969.71	15.8%	549
	Couple	\$1,674.14	\$1,939.42	15.8%	228
	Family	\$2,368.91	\$2,744.28	15.8%	517
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%	709
	Couple	\$113.76	\$113.76	0.0%	689
	Family	\$170.94	\$170.94	0.0%	886
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.0%	68
	Couple	\$36.71	\$36.71	0.0%	41
	Family	\$54.32	\$54.32	0.0%	75
Dental Health Services (DHMO)	Single	\$19.56	\$20.15	3.0%	47
	Couple	\$37.93	\$39.05	3.0%	24
	Family	\$57.18	\$58.90	3.0%	75
Vision Service Plan	Single	\$11.25	\$11.25	0.0%	388
	Couple	\$16.27	\$16.27	0.0%	428
	Family	\$29.15	\$29.15	0.0%	525
Voluntary Waiver of Coverage:*					
	Medical	\$294.00			209
	Dental	\$42.00			119
* Waiver of Medical coverage requires proof of alternative coverage.					