

2026 Health Insurance Premiums

Base Plan: PPO 90 or Alternative: CDHP with HSA Contribution (if under age 65*)

	PPO 100	PPO 90	Required Incentive if over age 65	Total Cost for PPO 90	PPO80	Recommended Incentive	Total Cost for PPO 80	CDHP 20	Required HSA Contribution	Total Cost for CDHP + HSA	CDHP/HSA Savings over PPO 90
Premiums											
Single	\$18,312.00	\$16,044.00	\$500.00	\$16,544.00	\$13,620.00	\$1,500.00	\$15,120.00	\$10,692.00	\$4,200.00	\$14,892.00	\$1,652.00
+Spouse	\$36,624.00	\$32,088.00	\$1,000.00	\$33,088.00	\$27,240.00	\$3,000.00	\$30,240.00	\$21,384.00	\$8,450.00	\$29,834.00	\$3,254.00
+Child/Children	\$32,964.00	\$28,884.00	\$1,000.00	\$29,884.00	\$24,516.00	\$3,000.00	\$27,516.00	\$19,248.00	\$8,450.00	\$27,698.00	\$2,186.00
Family	\$54,936.00	\$48,132.00	\$1,000.00	\$49,132.00	\$40,860.00	\$3,000.00	\$43,860.00	\$32,076.00	\$8,450.00	\$40,526.00	\$8,606.00
2025 Increase	9%	8%			6.97%			6.98%			
Benefits											
Deductible	\$0	500/1,000			1,000/2,000			3,400/6,800	All out of pocket costs covered by HSA contribution. Insurance pays 100% after out of pocket maximum is reached.		
Annual Maximum	2,000/4,000	2,500/5,000			3,500/7,000			4,200/8,450			
Primary*	\$30	\$30			\$30			20%			
Specialist*	\$45	\$45			\$45			20%			
Diagnostic*	\$0	10%			20%			20%			
ER*	\$250	\$250			\$250			20%			
Urgent Care*	\$50	\$50			\$50			20%			
Inpatient	\$250	10%			20%			20%			
Outpatient	\$200	10%			20%			20%			
Ambulance	\$0	10%			20%			20%			
Outpatient Behavioral*	\$0	30/45			30/45			20%			
Inpatient Behavioral*	\$250	10%			20%			20%			
DME	\$0	10%			20%			20%			
Home Health Care	\$0	10%			20%			20%			

The Benefits Committee requires an employer provided incentive equal to the deductible if either the PPO 90 or PPO 80 plan is chosen by someone not eligible to choose the CDHP.

The Maximum HSA Contribution for 2026 per the IRS is \$4,400 for an individual and \$8,750 for a family (over 55 - \$1,000 catchup. The employer is only required to contribute up to the maximum out of pocket expense. Employees can contribute the difference with pre-tax contributions.

Benefits listed are for in-network services.

Deductibles and OOP Maximum refer to individual/family.

* Anyone enrolled in Medicare is not eligible for an HSA.

	PPO 100 MSP (with Medicare)	PPO 90 MSP (with Medicare)	Recommended Incentive	PPO 80 MSP (with Medicare)	Recommended Incentive
Premiums					
Single	\$14,496.00	\$12,828.00	500	\$10,920.00	1,500
+Spouse	\$28,992.00	\$25,656.00	1,000	\$21,840.00	3,000
+Child/Children	\$26,088.00	\$23,088.00	1,000	\$19,656.00	3,000
Family	\$43,488.00	\$38,484.00	1,000	\$32,760.00	3,000
2026 Increase	9.03%	7.98%		7.08%	
Benefits					
Deductible	0	500/1,000		1,000/2,000	
Annual Maximum	2,000/4,000	2,500/5,000		3,500/7,000	
Primary	\$30	\$30		\$30	
Specialist	\$45	\$45		\$45	
Diagnostic	0	10%		20%	
ER	\$250	\$250		\$250	
Urgent Care	\$50	\$50		\$50	
Inpatient*	250	10%		20%	
Outpatient	200	10%		20%	
Ambulance	0	10%		20%	
Outpatient Behavioral	0	30/45		30/45	
Inpatient Behavioral	250	10%		20%	
DME	0	10%		20%	
Home Health Care	0	10%		20%	

Benefits are for in-network services.

Deductibles and OOP Maximum refer to individual/family.

Coinsurance % is what the member pays.

* Medicare will be the primary payer for hospitalization with the PPO plan as secondary payer.

Dental Premiums			
	Delta Dental		
	Basic	Copmprehensive	Premium
Single	\$672.00	\$804.00	\$1,248.00
Employee + Spouse	\$1,344.00	\$1,608.00	\$2,496.00
Employee + Child(ren)	\$1,212.00	\$1,452.00	\$2,244.00
Family	\$2,016.00	\$2,412.00	\$3,744.00

Life Insurance Premiums	
Policy	Premium
\$50,000 (to age 70)	\$18.50
\$12,500 (age 70+)	\$4.12