2026 Bi-Weekly Rates for Medical, Dental and Vision Coverage

Medical Coverage

The premium deduction taken from your paychecks will depend on the option you choose and who you cover and will be deducted before taxes are calculated.

	Core Plan	Consumer Plan with HSA	Core Plus Plan
Employee Only	$33.60	$53.51	$122.57
Employee & Child(ren)	$80.64	$128.41	$294.17
Employee & Spouse	$109.21	$173.89	$398.35
Employee & Family	$144.49	$230.08	$527.06

Dental Coverage

The premium deduction taken from your paychecks will depend on the option you choose and who you cover and will be deducted before taxes are calculated.

	Core Dental Plan	Dental Plus Plan
Employee Only	$6.90	$13.80
Employee & Child(ren)	$11.70	$23.40
Employee & Spouse	$15.70	$31.40
Employee & Family	$19.80	$39.60

Vision Coverage

The premium deduction taken from your paychecks will depend on who you cover and will be deducted before taxes are calculated.

	Vision Plan
Employee Only	$3.56
Employee & Child(ren)	$7.62
Employee & Spouse	$7.13
Employee & Family	$12.19