STL West Medical Rates	Monthly Premiums	Employer Contribution	COST TO EMPLOYEE PER Month	1/1/2026 EMPLOYEE PER PAY
Wellmark 4500 HMO				
SINGLE	$ 807.81	$ 500.00	$ 286.41	$ 143.21
EMPLOYEE/SPOUSE	$ 1,627.14	$ 450.00	$ 1,031.98	$ 515.99
EMPLOYEE/CHILD(REN)	$ 1,505.96	$ 500.00	$ 921.71	$ 460.86
FAMILY	$ 2,425.37	$ 500.00	$ 1,758.33	$ 879.17
Wellmark 7000 POS				
SINGLE	$ 750.43	$ 553.00	$ 213.57	$ 106.79
EMPLOYEE/SPOUSE	$ 1,509.63	$ 450.00	$ 882.79	$ 441.40
EMPLOYEE/CHILD(REN)	$ 1,397.34	$ 450.00	$ 783.81	$ 391.91
FAMILY	$ 2,249.27	$ 450.00	$ 1,534.77	$ 767.39