

FY MONTHLY MEDICAL AND DENTAL RATES

For the plan year that runs July 1, 2026 – June 30, 2027

Full-Time Employee (30 – 40 hours per week)

Employer Medical: (No HSA): \$1,437.14

Employer Dental: \$26.76

Employer Medical (HSA Single): \$1,395.48 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1,353.82 and \$83.32 HSA Contribution

	Employee Only	Employee And Spouse	Employee And Child	Employee And Children	Employee, Spouse and Child	Employee, Spouse, and Children
PPO	\$70.74	\$215.04	\$121.88	\$192.64	\$263.54	\$353.10
Traditional	\$108.00	\$334.80	\$186.22	\$299.62	\$411.08	\$551.80
High Deductible	\$0.00	\$52.16	\$18.00	\$44.08	\$69.72	\$102.10
Dental	\$12.08	\$38.72	\$37.56	\$74.76	\$64.18	\$109.40