

JULY 1, 2025 - JUNE 30, 2026, INSURANCE RATES

MEDICAL & PRESCRIPTION: Meritain Health (An Aetna Company) & OptumRx

Annual Salary ↓	Employee	Employee + Child(ren)	Employee + Spouse	Employee + Spouse + Child(ren)
Employee Premium - Semi-monthly 24 pays*				
< \$30,000	\$32.24	\$85.69	\$120.54	\$160.76
\$30,000 - \$34,999	\$35.31	\$93.85	\$132.02	\$176.07
\$35,000 - \$39,999	\$39.15	\$104.05	\$146.38	\$195.21
\$40,000 - \$44,999	\$43.76	\$116.29	\$163.59	\$218.18
\$45,000 - \$49,999	\$48.37	\$128.53	\$180.82	\$241.15
\$50,000 - \$59,999	\$57.58	\$153.01	\$215.25	\$287.07
\$60,000 - \$69,999	\$66.79	\$177.49	\$249.70	\$333.01
\$70,000 - \$89,999	\$76.00	\$201.97	\$284.14	\$378.94
\$90,000 - \$109,999	\$80.61	\$214.21	\$301.36	\$401.91
>= \$110,000	\$85.22	\$226.46	\$318.58	\$424.87
Employee Premium - Non-12 month 17 pays				
< \$30,000	\$45.52	\$120.97	\$170.18	\$226.96
\$30,000 - \$34,999	\$49.86	\$132.49	\$186.39	\$248.57
\$35,000 - \$39,999	\$55.28	\$146.89	\$206.65	\$275.60
\$40,000 - \$44,999	\$61.78	\$164.17	\$230.96	\$308.02
\$45,000 - \$49,999	\$68.28	\$181.46	\$255.27	\$340.44
\$50,000 - \$59,999	\$81.29	\$216.01	\$303.89	\$405.28
\$60,000 - \$69,999	\$94.29	\$250.58	\$352.51	\$470.13
\$70,000 - \$89,999	\$107.30	\$285.14	\$401.13	\$534.97
\$90,000 - \$109,999	\$113.80	\$302.42	\$425.44	\$567.40
>= \$110,000	\$120.30	\$319.70	\$449.76	\$599.82

Employee Premium		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
DENTAL United Concordia (Concordia Select) Low Option	Semi-monthly 24 pays*	\$10.33	\$20.95	\$34.61
	Non-12 month 17 pays	\$14.59	\$29.57	\$48.87
DENTAL United Concordia (Concordia Choice) High Option	Semi-monthly 24 pays*	\$11.36	\$23.86	\$44.45
	Non-12 month 17 pays	\$16.04	\$33.68	\$62.75
VISION Vision Benefits of America	Semi-monthly 24 pays*	\$1.53	\$3.56	\$5.18
	Non-12 month 17 pays	\$2.16	\$5.03	\$7.31

* Premiums will be deducted from the first two pay dates each month for biweekly paid employees.