Medical Insurance
January 1, 2026 - December 31, 2026

CDHP 1 Plan - Consumer Driven Health Plan (CDHP) / Health Savings Account (HSA)

	26 Pay		20 Pay	
	Employee	*Employer*	*Employee*	*Employer*
Employee	$ 47.84	$ 400.42	$ 62.19	$ 520.55
Employee/Child(ren)	$ 86.11	$ 720.77	$ 111.95	$ 936.99
Employee/Spouse	$ 105.25	$ 880.94	$ 136.82	$ 1,145.22
Employee/Family	$ 153.09	$ 1,281.36	$ 199.02	$ 1,665.77

Employer HSA Contribution	****Initial***	***26 Pay***	***20 Pay***	***Total Annual***
Employee	$ 450.00	$ 17.31	$ 22.50	$ 900.00
Employee/Child(ren)	$ 900.00	$ 34.62	$ 45.00	$ 1,800.00
Employee/Spouse	$ 900.00	$ 34.62	$ 45.00	$ 1,800.00
Employee/Family	$ 900.00	$ 34.62	$ 45.00	$ 1,800.00

CDHP 2 Plan - Consumer Driven Health Plan (CDHP) / Health Savings Account (HSA)

	26 Pay		20 Pay	
	Employee	*Employer*	*Employee*	*Employer*
Employee	$ 59.31	$ 404.47	$ 77.10	$ 525.81
Employee/Child(ren)	$ 106.75	$ 728.04	$ 138.78	$ 946.45
Employee/Spouse	$ 130.47	$ 889.83	$ 169.61	$ 1,156.77
Employee/Family	$ 189.78	$ 1,294.29	$ 246.71	$ 1,682.58

Employer HSA Contribution	****Initial***	***26 Pay***	***20 Pay***	***Total Annual***
Employee	$ 300.00	$ 11.54	$ 15.00	$ 600.00
Employee/Child(ren)	$ 600.00	$ 23.08	$ 30.00	$ 1,200.00
Employee/Spouse	$ 600.00	$ 23.08	$ 30.00	$ 1,200.00
Employee/Family	$ 600.00	$ 23.08	$ 30.00	$ 1,200.00

PPO Plan

	26 Pay		20 Pay	
	Employee	*Employer*	*Employee*	*Employer*
Employee	$ 130.01	$ 344.13	$ 169.01	$ 447.37
Employee/Child(ren)	$ 234.02	$ 619.43	$ 304.23	$ 805.26
Employee/Spouse	$ 286.02	$ 757.08	$ 371.83	$ 984.21
Employee/Family	$ 416.03	$ 1,101.21	$ 540.84	$ 1,431.57

*Lump sum employer Health Savings Account amount deposited each year in January if enrolled and eligible. New enrollments during the year will recieve a prorated contribution.

**Your share of the benefit premium will be deducted from your pay in equal amounts in the applicable pay periods in a program year. The College does not prorate benefit premium deductions.

75 Plan Participants
January 1, 2026 - December 31, 2026

CDHP 1 - Consumer Driven Health Plan (CDHP)

	Monthly Premium
Retiree	$ 103.65
Retiree/Child(ren)	$ 186.58
Retiree/Spouse	$ 228.04
Retiree/Family	$ 331.69

CDHP 2 - Consumer Driven Health Plan (CDHP)

	Monthly Premium
Retiree	$ 128.50
Retiree/Child(ren)	$ 231.29
Retiree/Spouse	$ 282.69
Retiree/Family	$ 411.19

PPO - Health Plan

	Monthly Premium
Retiree	$ 281.69
Retiree/Child(ren)	$ 507.04
Retiree/Spouse	$ 619.72
Retiree/Family	$ 901.41

Delta Dental

	Monthly Premium
Retiree	$ 10.62
Retiree/Child(ren)	$ 19.25
Retiree/Spouse	$ 23.79
Retiree/Family	$ 33.05

Regular Retirees, Surviving Spouses, and LTD Participants

January 1, 2026 - December 31, 2026

Monthly Premium

CDHP 1 - Consumer Driven Health Plan (CDHP)

Retiree	$	971.23
Retiree/Child(ren)	$	1,748.24
Retiree/Spouse	$	2,136.74
Retiree/Family	$	3,107.97

CDHP 2 - Consumer Driven Health Plan (CDHP)

Retiree	$	1,004.84
Retiree/Child(ren)	$	1,808.71
Retiree/Spouse	$	2,210.64
Retiree/Family	$	3,215.49

PPO - Heath Plan

Retiree	$	1,027.30
Retiree/Child(ren)	$	1,849.14
Retiree/Spouse	$	2,260.07
Retiree/Family	$	3,287.37

Delta Dental

Retiree	$	41.29
Retiree/Child(ren)	$	78.45
Retiree/Spouse	$	82.58
Retiree/Family	$	132.13

COBRA
January 1, 2026 - December 31, 2026

Monthly Premiums below includes 2% Administrative Fee

CDHP 1 - Consumer Driven Health Plan (CDHP)

Employee or Participant	$ 990.65
Employee/Child(ren)	$ 1,783.20
Employee/Spouse	$ 2,179.47
Employee/Family	$ 3,170.13

CDHP 2 - Consumer Driven Health Plan (CDHP)

Employee or Participant	$ 1,024.94
Employee/Child(ren)	$ 1,844.88
Employee/Spouse	$ 2,254.85
Employee/Family	$ 3,279.80

PPO - Health Plan

Employee or Participant	$ 1,047.85
Employee/Child(ren)	$ 1,886.12
Employee/Spouse	$ 2,305.27
Employee/Family	$ 3,353.12

Delta Dental

Employee or Participant	$ 42.12
Employee/Child(ren)	$ 80.02
Employee/Spouse	$ 84.23
Employee/Family	$ 134.77

VSP - Vision

Employee or Participant	$ 6.40
Employee/Child(ren)	$ 13.66
Employee/Spouse	$ 12.75
Employee/Family	$ 21.80