BENEFIT/OPTIONAL RATES - CY 2026

All Unions

F/T EMPLOYEES MEDICAL Effective 01/01/2026 - 12/31/2026			EE	ESP	PC	FAM
HORIZON	Direct Access Design 8 (no Deductible)	***GOLD***	1,247.92	2,495.83	2,233.76	3,481.68
HORIZON	Direct Access Design 8 (Deductible - 2019)	***GOLD***	1,241.34	2,482.68	2,222.00	3,463.35
HORIZON	Direct Access Design 7 (20/30)	***SILVER***	1,216.92	2,433.86	2,178.29	3,395.23
HORIZON	**POS Design 1 (5/5)**	***SILVER***	**1,032.38**	**2,064.76**	**1,847.95**	**2,880.34**
HORIZON	OMNIA State Defector	***BRONZE***	992.11	1,984.21	1,775.86	2,767.96
HORIZON	State Defector HSA (High Deductible)	***BRONZE***	1,186.93	2,373.85	2,124.60	3,311.53

***High deductible plan includes RX (combined)**

****Optional**

F/T EMPLOYEES PRESCRIPTION Effective 01/01/2026 - 12/31/2026			EE	ESP	PC	FAM
HORIZON	Direct Access Design 8 (no Deductible)	***GOLD***	233.81	467.64	418.54	652.35
HORIZON	Direct Access Design 8 (Deductible - 2019)	***GOLD***	233.81	467.64	418.54	652.35
HORIZON	Direct Access Design 7 (20/30)	***SILVER***	237.80	475.61	425.68	663.48
HORIZON	**POS Design 1 (5/5)**	***SILVER***	**208.80**	**417.61**	**373.77**	**582.57**
HORIZON	OMNIA State Defector	***BRONZE***	236.15	472.32	422.73	658.88

****Optional**

F/T EMPLOYEES DENTAL Effective 01/01/2026 - 12/31/2026		EE	ESP/PC1	PC2/FAM
Delta Premier		32.36	55.53	102.46
Delta Preferred		29.68	50.26	90.57
Delta PPO Fixed Co-Pay Plan		37.97	73.74	123.52

*There is an additional monthly contribution when choosing the medical Gold plan. This amount is charged once per month in addition to your bi-weekly premium amount.

F/T EMPLOYEES MEDICAL - Monthly Buy-Up Contribution Effective 01/01/2026 - 12/31/2026			EE	ESP	PC	FAM
HORIZON	Direct Access Design 8 (no Deductible)	***GOLD***	31.00	61.97	55.47	86.45
HORIZON	Direct Access Design 8 (Deductible - 2019)	***GOLD***	24.42	48.82	43.71	68.12