BENEFIT/OPTIONAL RATES - CY 2026

Non-Contractual

F/T EMPLOYEES MEDICAL Effective 01/01/2026 - 12/31/2026			EE	ESP	PC	FAM
HORIZON	Direct Access Design 7 (20/30)	***GOLD***	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***	1,156.07	2,312.13	2,069.36	3,225.43

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

F/T EMPLOYEES PRESCRIPTION Effective 01/01/2026 - 12/31/2026			EE	ESP	PC	FAM
HORIZON	**RX $10/20/35**		208.80	417.61	373.77	582.57

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 Premier Buy-Up		37.17	63.79	117.65
Delta Preferred		29.68	50.26	90.57
Delta Preferred Buy-Up		34.09	57.73	104.01

*There is an additional monthly contribution when choosing the medical Gold plan and/or the dental Buy-Up 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 7 (20/30)	***GOLD***	184.54	369.10	330.34	514.89

F/T EMPLOYEES DENTAL - Monthly Buy-Up Contribution Effective 01/01/2026 - 12/31/2026		EE	ESP/PC1	PC2/FAM
Delta Premier Buy-Up		4.81	8.26	15.19
Delta Preferred Buy-Up		4.41	7.47	13.44