## **Monthly Premium Rates**

Drovidor	Coverage	CV 2025	CY 2026	% Change			
Provider	Option	CY 2025	C1 2026	%Change			
	<b>.</b>		*******	0.00/			
Blue Cross (PPO)	Single	\$1,509.21	\$1,639.48	8.6%			
	Couple Family	\$3,037.99 \$4,074.79	\$3,300.20 \$4,426.49	8.6% 8.6%			
	ranniy	ψ+,07+.73	ψ+,+20.+3	0.070			
Blue Cross (HMO)	Single	\$976.46	\$1,005.76	3.0%			
	Couple	\$2,050.55	\$2,112.07	3.0%			
	Family	\$2,929.12	\$3,017.00	3.0%			
Kaisan (LIMO)	Circ ed a	<b>#007.07</b>	<u></u>	45.00/			
Kaiser (HMO)	Single Couple	\$837.07 \$1,674.14	\$969.71 \$1,939.42	15.8% 15.8%			
	Family	\$2,368.91	\$2,744.28	15.8%			
	1 arring	Ψ2,000.01	ΨΖ,720	13.070			
Delta Dental (PPO)	Single	\$65.46	\$65.46	0.0%			
	Couple	\$113.76	\$113.76	0.0%			
	Family	\$170.94	\$170.94	0.0%			
DeltaCare (DHMO)	Single	\$20.21	\$20.21	0.0%			
- ( - ,	Couple	\$36.71	\$36.71	0.0%			
	Family	\$54.32	\$54.32	0.0%			
Dental Health Services	Single	\$19.56	\$20.15	3.0%			
(DHMO)	Couple Family	\$37.93 \$57.49	\$39.05	3.0%			
	ramily	\$57.18	\$58.90	3.0%			
Vision Service Plan	Single	\$11.25	\$11.25	0.0%			
	Couple	\$16.27	\$16.27	0.0%			
	Family	\$29.15	\$29.15	0.0%			
Voluntary Waiver of Coverage:*							
Medical		\$294.00					
Dental		\$42.00					
* Waiver of Medical coverage requires proof of alternative coverage.							

## **Monthly Employee Contributions**

	Coverage	NC & AFSCME Employee Contribution	NC & AFSCME Employee Contribution (Proposed)	
Provider	Option	(Current)	Effective 1/1/26	Change
Blue Cross (PPO)	Single	\$150.00	\$164.00	\$14.00
	Couple	\$303.00	\$330.00	\$27.00
	Family	\$407.00	\$443.00	\$36.00
Blue Cross (HMO)	Single	\$97.00	\$101.00	\$4.00
	Couple	\$205.00	\$211.00	\$6.00
	Family	\$292.00	\$302.00	\$10.00
Kaiser (HMO)	Single	\$83.00	\$97.00	\$14.00
	Couple	\$167.00	\$194.00	\$27.00
	Family	\$236.00	\$274.00	\$38.00
Delta Dental (PPO)	Single	\$7.00	\$7.00	\$0.00
	Couple	\$11.00	\$11.00	\$0.00
	Family	\$17.00	\$17.00	\$0.00
DeltaCare (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$4.00	\$4.00	\$0.00
	Family	\$5.00	\$5.00	\$0.00
Dental Health Services (DHMO)	Single	\$2.00	\$2.00	\$0.00
	Couple	\$3.00	\$4.00	\$1.00
	Family	\$5.00	\$6.00	\$1.00
Vision Service Plan	Single	\$1.00	\$1.00	\$0.00
	Couple	\$2.00	\$2.00	\$0.00
	Family	\$3.00	\$3.00	\$0.00

Non-Contract and AFSCME Employees contribute 10% (rounded to whole dollar) towards their individually selected plan's medical and dental premiums