



## 2026 Monthly Benefit Premiums

STANDARD SCA/CBA



If covering your spouse, you are subject to a Spousal Surcharge of \$100/month after tax deduction

Medical Premiums									
ANTHEM BCBS MEDICAL	STANDARD PLAN			HSA PLAN			PLUS PLAN		
Coverage Options	Employee Cost	Employer Cost (Paid by H&W)	Total Cost	Employee Cost	Employer Cost (Paid by H&W)	Total Cost	Employee Cost	Employer Cost (Paid by H&W)	Total Cost
Employee Only	\$0.00	\$769.94	\$769.94	\$43.00	\$769.94	\$812.94	\$120.00	\$769.94	\$889.94
Employee + Spouse	\$772.01	\$769.94	\$1,541.95	\$858.12	\$769.94	\$1,628.06	\$1,012.32	\$769.94	\$1,782.26
Employee + 1 Child	\$347.97	\$769.94	\$1,117.91	\$410.40	\$769.94	\$1,180.34	\$522.20	\$769.94	\$1,292.14
Employee + Children	\$656.37	\$769.94	\$1,426.31	\$736.02	\$769.94	\$1,505.96	\$878.65	\$769.94	\$1,648.59
Family	\$1,351.59	\$769.94	\$2,121.53	\$1,470.06	\$769.94	\$2,240.00	\$1,682.21	\$769.94	\$2,452.15

Dental Premiums		
DELTA DENTAL	CORE PLAN	BUY-UP PLAN
Coverage Options	Employee Cost	Employee Cost
Employee Only	\$28.16	\$38.35
Employee + Spouse	\$53.80	\$73.16
Employee + Child(ren)	\$77.02	\$104.07
Family	\$111.74	\$153.27

Vision Premiums		
VSP VISION	BASE PLAN	BUY-UP PLAN
Coverage Options	Employee Cost	Employee Cost
Employee Only	\$4.37	\$8.10
Employee + Spouse	\$8.74	\$16.19
Employee + Child(ren)	\$9.36	\$17.34
Family	\$14.47	\$26.81