2026 Health, Dental, Vision and Accident Plan Premiums

(Effective January 1, 2026)

Non-High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
IYC Plan with Dental	$132.00	$66.00	$329.00	$164.50
IYC Plan without Dental	$128.00	$64.00	$318.00	$159.00
Access with Dental	$335.00	$167.50	$833.00	$416.50
Access without Dental	$331.00	$165.50	$822.00	$411.00
Access with Dental (required to work out of state)	$202.00	$101.00	$508.00	$254.00
Access without Dental (required to work out of state)	$198.00	$99.00	$497.00	$248.50

High Deductible Health Plans	Single (monthly)	Single (biweekly)	Family (monthly)	Family (biweekly)
HDHP Plan with Dental	$49.00	$24.50	$122.00	$61.00
HDHP Plan without Dental	$45.00	$22.50	$111.00	$55.50
HDHP Access with Dental	$252.00	$126.00	$626.00	$313.00
HDHP Access without Dental	$248.00	$124.00	$615.00	$307.50
HDHP Access with Dental (required to work out of state)	$119.00	$59.50	$301.00	$150.50
HDHP Access without Dental (required to work out of state)	$115.00	$57.50	$290.00	$145.00

2026 Premiums	Employee (monthly)	Employee (biweekly)	Employee + Spouse (monthly)	Employee + Spouse (biweekly)	Employee + Child(ren) (monthly)	Employee + Child(ren) (biweekly)	Family (monthly)	Family (biweekly)
Delta Dental PPO – Select Plan	$9.08	$4.54	$18.16	$9.08	$12.24	$6.12	$21.76	$10.88
Delta Dental PPO – Select Plus Plan	$22.24	$11.12	$44.52	$22.26	$41.32	$20.66	$68.18	$34.09
Delta Dental – Preventive (no health)	$37.18	$18.59	n/a	n/a	n/a	n/a	$92.98	$46.49
MetLife Superior Vision	$4.72	$2.36	$9.40	$4.70	$10.60	$5.30	$16.94	$8.47
Accident Plan	$3.92	$1.96	$5.58	$2.79	$7.52	$3.76	$10.98	$5.49