



2026 Premium Rates (effective 1/1/2026)

HEALTH PLAN OPTIONS BI-WEEKLY PAY SCHEDULE

		Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield PPO			
		Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
Full Time	Gross Premium	\$439.74	\$897.12	\$813.58	\$1,275.31	\$413.58	\$843.73	\$765.14	\$1,199.33	\$363.94	\$742.48	\$673.32	\$1,055.42	\$500.32	\$1,020.71	\$925.63	\$1,450.97
	College Contribution	\$376.39	\$641.74	\$593.01	\$929.54	\$380.53	\$672.41	\$617.18	\$967.44	\$346.09	\$620.18	\$580.26	\$889.87	\$372.09	\$634.52	\$592.09	\$928.08
	Net Employee Cost	\$63.35	\$255.38	\$220.57	\$345.77	\$33.05	\$171.32	\$147.96	\$231.89	\$17.85	\$122.30	\$93.06	\$165.55	\$128.23	\$386.19	\$333.54	\$522.89
Part Time	Gross Premium	\$439.74	\$897.12	\$813.58	\$1,275.31	\$413.58	\$843.73	\$765.14	\$1,199.33	\$363.94	\$742.48	\$673.32	\$1,055.42	\$500.32	\$1,020.71	\$925.63	\$1,450.97
	College Contribution	\$282.29	\$481.31	\$444.76	\$697.15	\$285.40	\$504.31	\$462.89	\$725.58	\$259.57	\$465.14	\$435.20	\$667.40	\$279.06	\$475.89	\$444.07	\$696.06
	Net Employee Cost	\$157.45	\$415.81	\$368.82	\$578.16	\$128.18	\$339.42	\$302.25	\$473.75	\$104.37	\$277.34	\$238.12	\$388.02	\$221.26	\$544.82	\$481.56	\$754.91

14-PAY PERIOD SCHEDULE

		Blue Cross Blue Shield HMO				Blue Cross Blue Shield Value HMO				Blue Cross Blue Shield High Deductible (HDHP)				Blue Cross Blue Shield PPO			
		Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
Full Time	Gross Premium	\$816.67	\$1,666.07	\$1,510.93	\$2,368.44	\$768.08	\$1,566.92	\$1,420.98	\$2,227.33	\$675.90	\$1,378.90	\$1,250.45	\$1,960.07	\$929.16	\$1,895.60	\$1,719.03	\$2,694.67
	College Contribution	\$699.02	\$1,191.81	\$1,101.30	\$1,726.29	\$706.70	\$1,248.77	\$1,146.19	\$1,796.68	\$642.74	\$1,151.77	\$1,077.63	\$1,652.62	\$691.02	\$1,178.40	\$1,099.60	\$1,723.57
	Net Employee Cost	\$117.65	\$474.26	\$409.63	\$642.15	\$61.38	\$318.15	\$274.79	\$430.65	\$33.16	\$227.13	\$172.82	\$307.45	\$238.14	\$717.20	\$619.43	\$971.10
Part Time	Gross Premium	\$816.67	\$1,666.07	\$1,510.93	\$2,368.44	\$768.08	\$1,566.92	\$1,420.98	\$2,227.33	\$675.90	\$1,378.90	\$1,250.45	\$1,960.07	\$929.16	\$1,895.60	\$1,719.03	\$2,694.67
	College Contribution	\$524.27	\$893.86	\$825.98	\$1,294.72	\$530.03	\$936.58	\$859.64	\$1,347.51	\$482.06	\$863.83	\$808.22	\$1,239.47	\$518.27	\$883.80	\$824.70	\$1,292.68
	Net Employee Cost	\$292.40	\$772.21	\$684.95	\$1,073.72	\$238.05	\$630.34	\$561.34	\$879.82	\$193.84	\$515.07	\$442.23	\$720.60	\$410.89	\$1,011.80	\$894.33	\$1,401.99

DENTAL, VISION & ID THEFT PLAN OPTIONS

BI-WEEKLY PAY SCHEDULE

		Delta Dental High Plan				Delta Dental Value Plan				Vision Plan			
		Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
Full Time	Gross Premium	\$23.16	\$47.49	\$42.86	\$67.18	\$17.39	\$35.65	\$32.17	\$50.43	\$3.27	\$6.82	\$6.15	\$9.64
	College Contribution	\$18.68	\$23.10	\$20.84	\$32.66	\$15.35	\$23.11	\$20.86	\$32.68	\$0.00	\$0.00	\$0.00	\$0.00
	Net Employee Cost	\$4.48	\$24.39	\$22.02	\$34.52	\$2.04	\$12.54	\$11.31	\$17.75	\$3.27	\$6.82	\$6.15	\$9.64
Part Time	Gross Premium	\$23.16	\$47.49	\$42.86	\$67.18	\$17.39	\$35.65	\$32.17	\$50.43	\$3.27	\$6.82	\$6.15	\$9.64
	College Contribution	\$14.01	\$17.32	\$15.63	\$24.49	\$11.51	\$17.34	\$15.64	\$24.51	\$0.00	\$0.00	\$0.00	\$0.00
	Net Employee Cost	\$9.15	\$30.17	\$27.23	\$42.69	\$5.88	\$18.31	\$16.53	\$25.92	\$3.27	\$6.82	\$6.15	\$9.64

14-PAY PERIOD SCHEDULE

		Delta Dental High Plan				Delta Dental Value Plan				Vision Plan			
		Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family	Single	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Family
Full Time	Gross Premium	\$43.02	\$88.20	\$79.59	\$124.77	\$32.30	\$66.21	\$59.74	\$93.65	\$6.08	\$12.66	\$11.43	\$17.90
	College Contribution	\$34.69	\$42.89	\$38.70	\$60.65	\$28.51	\$42.93	\$38.73	\$60.69	\$0.00	\$0.00	\$0.00	\$0.00
	Net Employee Cost	\$8.33	\$45.31	\$40.89	\$64.12	\$3.79	\$23.28	\$21.01	\$32.96	\$6.08	\$12.66	\$11.43	\$17.90
Part Time	Gross Premium	\$43.02	\$88.20	\$79.59	\$124.77	\$32.30	\$66.21	\$59.74	\$93.65	\$6.08	\$12.66	\$11.43	\$17.90
	College Contribution	\$26.02	\$32.17	\$29.03	\$45.49	\$21.38	\$32.20	\$29.05	\$45.52	\$0.00	\$0.00	\$0.00	\$0.00
	Net Employee Cost	\$17.00	\$56.03	\$50.56	\$79.28	\$10.92	\$34.01	\$30.69	\$48.13	\$6.08	\$12.66	\$11.43	\$17.90

NOTE 1: Your cost is deducted on a pre-tax basis.

NOTE 2: "Part Time" rates apply to faculty and staff who work less than three-quarter (0.75 FTE) time.

NOTE 3: Benefit premiums are deducted on a paycheck basis, and are not prorated upon enrollment or end of coverage.