

**Pay for All Employees**

**FY2026 MONTHLY MEDICAL AND DENTAL RATES**

For the plan year that runs July 1, 2025 - June 30, 2026

**Full-time Employee (30 - 40 hours per week)**

**Employer Medical (No HSA): \$1,148.76                      Employer Dental: \$28.74**

Employer Medical (HSA Single): \$1,107.10 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$1065.44 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$70.74	\$215.04	\$121.88	\$192.64	\$263.54	\$353.10
Traditional	\$108.00	\$334.80	\$186.22	\$299.62	\$411.08	\$551.80
High Deductible	\$0.00	\$52.16	\$18.00	\$44.08	\$69.72	\$102.10
Dental	\$12.08	\$38.72	\$37.56	\$74.76	\$64.18	\$109.40

**Part-time Employee (20 - 29.9 hours per week)**

**Employer Medical (No HSA): \$919.02                      Employer Dental: \$23.00**

Employer Medical (HSA Single): \$877.36 and \$41.66 HSA Contribution

Employer Medical (HSA Family): \$835.70 and \$83.32 HSA Contribution

	Employee Only	Employee and Spouse	Employee and Child	Employee and Children	Employee, Spouse and Child	Employee, Spouse and Children
PPO	\$163.52	\$497.12	\$281.74	\$445.32	\$609.22	\$816.26
Traditional	\$249.68	\$773.98	\$430.48	\$692.62	\$950.30	\$1,275.58
High Deductible	\$36.50	\$157.06	\$78.12	\$138.40	\$197.66	\$272.52
Dental	\$13.78	\$44.16	\$42.84	\$85.28	\$73.22	\$124.80