BENEFIT PLAN MONTHLY RATES

January 1, 2026 - December 31, 2026

Active Employees

Highmark Comp 80	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$0.00	$0.00	$0.00	$0.00
Employer Contribution (100%)	$1,098.42	$1,941.96	$1,645.41	$3,073.37
Total Monthly Premium	$1,098.42	$1,941.96	$1,645.41	$3,073.37

Highmark PPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$138.87	$246.22	$208.31	$388.84
Employer Contribution (90%)	$1,249.83	$2,215.98	$1,874.77	$3,499.57
Total Monthly Premium	$1,388.70	$2,462.20	$2,083.08	$3,888.41

Highmark EPO	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$136.19	$241.45	$204.27	$381.31
Employer Contribution (90%)	$1,225.67	$2,173.09	$1,838.46	$3,431.83
Total Monthly Premium	$1,361.86	$2,414.54	$2,042.73	$3,813.14

Aetna Select	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution (10%)	$111.84	$197.95	$167.76	$313.15
Employer Contribution (90%)	$1,006.57	$1,781.60	$1,509.83	$2,818.35
Total Monthly Premium	$1,118.41	$1,979.55	$1,677.59	$3,131.50

Aetna High-Deductible	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$0.00	$0.00	$0.00	$0.00
Employer Contribution (100%)	$1,057.52	$1,887.84	$1,605.90	$3,024.76
Total Monthly Premium	$1,057.52	$1,887.84	$1,605.90	$3,024.76

Dental Plans	Employee	Employee + 1	Family
MetLife Low	$30.56	$57.90	$87.16
MetLife Medium	$41.11	$77.95	$117.34
MetLife High	$50.41	$95.60	$143.92
Dominion Select DHMO Plan	$26.35	N/A	$62.14

EyeMed	Employee	Employee + Spouse	Employee + Child(ren)	Family
Employee Contribution	$8.43	$15.34	$16.10	$24.82

Note: Participating in the Wellness Program (90% - 10% Cost Share - PPO ONLY)