2026-2027 Insurance Premium Rates - July 1, 2026

	Monthly Rate	City Subsidy	Employee Premium	H S A	Paycheck Deduction
INO 500					
Employee	868.00	799.45	68.55		34.28
Employee-Spouse	2,045.00	1,399.12	645.88		322.94
Employee-Children	2,046.00	1,399.12	646.88		323.44
Family	2,290.00	1,567.07	722.93		361.47
COPAY 1500					
Employee	834.00	797.46	36.54		18.27
Employee-Spouse	1,916.00	1,392.12	523.88		261.94
Employee-Children	1,916.00	1,392.12	523.88		261.94
Family	2,252.00	1,565.07	686.93		343.47
QHDHP 2000-2					
Employee	620.00	620.00	-	125.00	-
Employee-Spouse	1,478.00	1,243.12	234.88	125.00	117.44
Employee-Children	1,478.00	1,243.12	234.88	125.00	117.44
Family	1,746.00	1,412.07	333.93	125.00	166.97
Dental Plans					
Employee	36.00	32.46	3.54		1.77
Employee-Spouse	88.00	60.36	27.64		13.82
Employee-Children	88.00	60.36	27.64		13.82
Family	88.00	60.36	27.64		13.82
Vision Plans					
Employee	8.00	7.16	0.84		0.42
Employee-Spouse	16.00	11.42	4.58		2.29
Employee-Children	16.00	11.42	4.58		2.29
Family	22.00	14.78	7.22		3.61