

Towns, Districts & Library Insurance Rates effective July 1, 2026

500 Deductible - Medical Only					Benefit w/o subsidy		
	Employee	E + Spouse	E + Child(ren)	Family	ES	EC	FA
Medical	1,179.02	2,299.09	2,051.49	3,171.55	\$ 892.58	\$ 892.58	\$ 892.58
Less employee Cost	-892.58	-892.58	-892.58	-892.58			
Total Employee Cost	286.44	1,406.51	1,158.91	2,278.97			
Employee cost per pay day	\$ 143.22	\$ 703.26	\$ 579.46	\$ 1,139.49			
2500 Deductible - Medical Only					Benefit w/o subsidy		
	Employee	E + Spouse	E + Child(ren)	Family	ES	EC	FA
Medical	892.58	1,740.52	1,553.08	2,401.02	\$ 892.58	\$ 892.58	\$ 892.58
Less employee Cost	-892.58	-892.58	-892.58	-892.58			
Total Employee Cost	-	847.94	660.50	1,508.44			
Employee cost per pay day	\$ -	\$ 423.97	\$ 330.25	\$ 754.22			
HMO - Medical Only					Benefit w/o subsidy		
	Employee	E + Spouse	E + Child(ren)	Family	ES	EC	FA
Medical	1,000.74	1,951.46	1,741.30	2,692.01	\$ 892.58	\$ 892.58	\$ 892.58
Less employee Cost	-892.58	-892.58	-892.58	-892.58			
Total Employee Cost	108.16	1,058.88	848.72	1,799.43			
Employee cost per pay day	\$ 54.08	\$ 529.44	\$ 424.36	\$ 899.72			
High Deductible - HSA / Medical Only					Benefit w/o subsidy		
	Employee	E + Spouse	E + Child(ren)	Family	ES	EC	FA
Medical	800.38	1,560.73	1,392.66	2,153.01	\$ 892.58	\$ 892.58	\$ 892.58
Less employee Cost	-800.38	-892.58	-892.58	-892.58			
Total Employee Cost	-	668.15	500.08	1,260.43			
Employee cost per pay day	\$ -	\$ 334.08	\$ 250.04	\$ 630.22			
Ameritas Dental / Vision							
	Employee	E + Spouse	E + Child(ren)	Family			
Dental	31.68	65.56	78.28	112.40			
Vision	8.76	15.60	15.90	25.20			
Total	\$ 40.44	\$ 81.16	\$ 94.18	\$ 137.60			
Less employee Cost	\$ (40.44)	\$ (40.44)	\$ (40.44)	\$ (40.44)			
Total Employee Cost	\$ -	\$ 40.72	\$ 53.74	\$ 97.16			
Employee cost per pay day	\$ -	\$ 20.36	\$ 26.87	\$ 48.58			