

2026 Health Care ~ Bi-Weekly Employee Premium Rates
Effective January 1, 2026

CareFirst Blue Choice Advantage EPO Plan (In-network coverage only)	2026
Individual	\$40.02
Ind/Child	\$70.03
Ind/Spouse	\$80.04
Ind/Family	\$110.05
CareFirst Blue Choice Advantage PPO Plan (In & Out-of-network coverage)	2026
Individual	\$64.88
Ind/Child	\$113.54
Ind/Spouse	\$129.76
Ind/Family	\$178.42

Delta Dental -Basic PPO	2026
Individual	\$5.46
Ind/Child	\$11.21
Ind/Spouse	\$11.21
Ind/Family	\$17.03
Delta Dental Enhanced PPO	2026
Individual	\$9.39
Ind/Child	\$19.91
Ind/Spouse	\$19.91
Ind/Family	\$30.13

VSP (Vision Service Plan)	2026
Individual	\$0.53
Ind/Child	\$0.93
Ind/Spouse	\$1.06
Ind/Family	\$1.46