Final

Plan Year 2026 Monthly Rates for Non State Employees								Jan 1 2026 (FY 26)	July 1 2026 (FY 27)
Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Vision		Employer	Employer
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta	2026 Basic	2026 Enhanced	Monthly	Monthly
Full-Time									
Employee Only	$83.86	$72.14	$114.16	$50.72	$0.00	$3.87	$7.76	$1,029.18	$1,108.12
Employee + Spouse	$488.10	$267.42	$333.52	$184.58	$20.64	$7.98	$15.78	$1,792.28	$1,930.36
Employee + Children	$261.70	$139.42	$198.46	$96.04	$16.52	$7.21	$14.23	$1,792.28	$1,930.36
Employee + Family	$871.34	$460.56	$571.64	$329.08	$37.16	$11.13	$22.07	$1,792.28	$1,930.36
Part-Time									
Employee Only	$252.66	$112.22	$142.42	$75.82	$0.00	$3.87	$7.76	$818.12	$880.26
Employee + Spouse	$759.96	$347.42	$390.84	$236.08	$26.02	$7.98	$15.78	$1,416.66	$1,525.26
Employee + Children	$427.22	$191.48	$236.50	$130.46	$20.78	$7.21	$14.23	$1,416.66	$1,525.26
Employee + Family	$1,213.62	$553.90	$651.74	$396.82	$46.94	$11.13	$22.07	$1,416.66	$1,525.26

** Base rate is non discounted