

## 2026 Health Insurance Rates

Harvard Pilgrim Health Care Plan Choices	Total Monthly Premium edHEALTH	College Monthly Premium	Employee Payroll Deductions	
			Weekly	Semi-Monthly
HMO – Employee	\$1,314.24	\$999.44	\$72.65	\$157.40
HMO – Employee + 1	\$3,088.45	\$2,348.67	\$170.72	\$369.89
HMO – Family	\$3,745.57	\$2,848.39	\$207.04	\$448.59
PPO Plus – Employee	\$1,093.45	\$852.99	\$55.49	\$120.23
PPO Plus – Employee + 1	\$2,569.62	\$2,004.56	\$130.40	\$282.53
PPO Plus – Family	\$3,116.34	\$2,431.06	\$158.14	\$342.64
<b>If your full-time equivalent salary as of 7/1/2025 is equal to or less than \$50,000 see rates below:</b>				
HMO – Employee for \$50,000 ≤	\$1,314.24	\$1,062.40	\$58.12	\$125.92
HMO – Employee +1 for \$50,000 ≤	\$3,088.45	\$2,496.63	\$136.57	\$295.91
HMO – Family for \$50,000 ≤	\$3,745.57	\$3,027.81	\$165.64	\$358.88
PPO Plus – Employee for \$50,000 ≤	\$1,093.45	\$879.71	\$49.32	\$106.87
PPO Plus – Employee + 1 for \$50,000 <	\$2,569.62	\$2,067.32	\$115.92	\$251.15
PPO Plus – Family for \$50,000 ≤	\$3,116.34	\$2,507.18	\$140.58	\$304.58

## 2026 Dental Insurance Rates

Delta Dental Plan Choices	Total Monthly Premium	College Monthly Premium	Employee Payroll Deductions	
			Weekly	Semi-Monthly
PPO Plus Premier Plan – Employee	\$55.78	\$44.64	\$2.57	\$5.57
PPO Plus Premier Plan – Employee + 1	\$111.57	\$55.79	\$12.87	\$27.89
PPO Plus Premier Plan – Family	\$166.30	\$83.16	\$19.19	\$41.57
NEW Value Plan – Employee	\$35.87	\$28.69	\$1.66	\$3.59
NEW Value Plan – Employee + 1	\$71.73	\$35.87	\$8.28	\$17.93
NEW Value Plan – Family	\$106.92	\$53.46	\$12.34	\$26.73

## 2026 Vision Insurance Rates

EyeMed Vision Plan Choices	Total Monthly Premium	College Monthly Premium	Employee Payroll Deductions 100% Employee Paid	
			Weekly	Semi-Monthly
Employee Only	\$6.18	\$0.00	\$1.43	\$3.09
Employee + Spouse	\$11.75	\$0.00	\$2.71	\$5.88
Employee + Child(ren)	\$12.37	\$0.00	\$2.86	\$6.19
Family	\$18.18	\$0.00	\$4.20	\$9.09