Annual Open Enrollment - October 1-31, 2025

2026 Health Insurance Premiums

	BCBST Network S	CIGNA Local Plus	BCBST Network P	CIGNA Open Access	H S A Contribution by the Board*
Premier PPO					
Employee only	158.60	158.60	176.60	176.60	
Employee + Children	326.75	326.75	351.75	351.75	
Employee + Spouse	445.75	445.75	490.75	490.75	
Family	515.00	515.00	560.00	560.00	
Standard PPO					
Employee only	147.20	147.20	165.20	165.20	
Employee + Children	303.50	303.50	328.50	328.50	
Employee + Spouse	414.00	414.00	459.00	459.00	
Family	478.50	478.50	523.50	523.50	
Limited PPO					
Employee only	139.00	139.00	157.00	157.00	
Employee + Children	286.50	286.50	311.50	311.50	
Employee + Spouse	391.25	391.25	436.25	436.25	
Family	451.75	451.75	496.75	496.75	
Local CDHP/HSA					
Employee only	0.00	0.00	0.00	0.00	500.00
Employee + Children	200.20	200.20	220.20	220.20	1,500.00
Employee + Spouse	273.00	273.00	309.00	309.00	1,500.00
Family	315.60	315.60	351.60	351.60	2,000.00

** If an employee enrolls in the **CDHP** plan after June 30, 2025, only half of the Board contribution will be made to the employee's health savings account ($250 for single; $750 for employee + children or spouse; $1000 for family). There are certain restrictions related to the CDHP plan; please review these restrictions before choosing this plan.*

2026 Dental & Vision Insurance Premiums

Dental Premiums	Cigna Prepaid Plan	MetLife DPPO Plan
Employee only	14.69	20.32
Employee + Children	30.50	67.54
Employee + Spouse	26.03	39.96
Family	35.79	99.47

Vision Premiums	Basic Plan	Expanded Plan
Employee only	3.18	6.30
Employee + Children	6.35	12.60
Employee + Spouse	6.03	11.98
Family	9.33	18.54