

PY 2026 Semi-Monthly Premium Rates for Active Employees

[For complete information, please visit the Plan Year 2026 SEHP Enrollment Guide\(pdf\).](#)

A. Non-Discounted

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Surency Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Non-Discounted	Full-Time						
	Employee Only	\$40.70	\$35.90	\$53.61	\$23.72	\$0.00	\$1.94 \$3.88
	Employee + Spouse	\$242.02	\$126.16	\$156.45	\$85.99	\$10.30	\$3.99 \$7.89
	Employee + Children	\$129.09	\$66.32	\$93.10	\$44.80	\$8.24	\$3.61 \$7.12
	Employee + Family	\$423.71	\$212.50	\$268.05	\$153.17	\$18.57	\$5.57 \$11.04
	Part-Time						
	Employee Only	\$117.99	\$53.67	\$66.91	\$35.46	\$0.00	\$1.94 \$3.88
	Employee + Spouse	\$361.04	\$161.36	\$183.36	\$109.99	\$13.00	\$3.99 \$7.89
	Employee + Children	\$204.22	\$90.09	\$110.98	\$60.84	\$10.37	\$3.61 \$7.12
	Employee + Family	\$572.90	\$256.26	\$305.60	\$184.70	\$23.46	\$5.57 \$11.04
	HealthyKIDS						
	Employee + Children	\$84.48	\$50.36	\$81.11	\$34.03	\$1.83	\$3.61 \$7.12
	Employee + Family	\$316.76	\$194.35	\$252.47	\$140.09	\$12.13	\$5.57 \$11.04

B. Discounted

(\$20 semi-monthly reduction for employees who qualified for the HealthQuest Rewards Program Premium Incentive Discount)

Employee Category	Plan A	Plan C	Plan J	Plan N	Dental	Surency Vision	
	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Aetna/BCBS	Delta Dental	Basic	Enhanced
Discounted (\$20 Semi-Monthly HealthQuest Premium Discount)	Full-Time						
	Employee Only	\$20.70	\$15.90	\$33.61	\$3.72	\$0.00	\$1.94 \$3.88
	Employee + Spouse	\$222.02	\$106.16	\$136.45	\$65.99	\$10.30	\$3.99 \$7.89
	Employee + Children	\$109.09	\$46.32	\$73.10	\$14.03	\$8.24	\$3.61 \$7.12
	Employee + Family	\$403.71	\$192.50	\$248.05	\$120.09	\$18.57	\$5.57 \$11.04
	Part-Time						
	Employee Only	\$97.99	\$33.67	\$46.91	\$15.46	\$0.00	\$1.94 \$3.88
	Employee + Spouse	\$341.04	\$141.36	\$163.36	\$89.99	\$13.00	\$3.99 \$7.89
	Employee + Children	\$184.22	\$70.09	\$90.98	\$40.84	\$10.37	\$3.61 \$7.12
	Employee + Family	\$552.90	\$236.26	\$285.60	\$164.70	\$23.46	\$5.57 \$11.04
	HealthyKIDS						
	Employee + Children	\$64.48	\$30.36	\$61.11	\$14.03	\$1.83	\$3.61 \$7.12
	Employee + Family	\$296.76	\$174.35	\$232.47	\$120.09	\$12.13	\$5.57 \$11.04

Health Plan Comparison Highlights

Network Info	Plan A	Plan C	Plan J	Plan N
Medical & Pharmacy *				
Medical Deductible	Single: \$1,000 Family: \$2,000	Single: \$2,750 Family: \$5,500 (1)	Single: \$500 Family: \$1,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	20%	10%	25%	35%
PCP Office Visit	\$20 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Specialist Visit	\$60 Copay	Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Pharmacy Coinsurance	20%/35%/60%	20%/35%/60%	20%/35%/60%	20%/35%/60%
Special Case Rx	\$100 Max for 30-Day Supply	N/A	N/A	N/A
Out of Pocket Maximum: Medical & Pharmacy	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$7,350 Family: \$14,700	Single: \$6,650 Family: \$13,300
Non-Network				
Medical Deductible *	Single: \$1,000 Family: \$2,000	Single: \$2,750 Family: \$5,500 (1)	Single: \$1,000 Family: \$2,000	Single: \$2,750 Family: \$5,500 (1)
Coinsurance	50%	50%	50%	50%
Out of Pocket Max Medical & Pharmacy *	Single: \$5,250 Family: \$10,500	Single: \$4,500 Family: \$9,000	Single: \$10,000 Family: \$20,000	Single: \$6,650 Family: \$13,300
Health Savings Account (HSA) or Health Reimbursement Account (HRA)?	None	EE can choose either HSA or HRA. If HSA elected, EE required to contribute minimum \$25 semi-monthly.		EE can choose either HSA or HRA. If HSA elected, EE does not have to contribute to get the ER contribution.
Employer Annual Contribution (EE Only/EE & Spouse & EE & Family/Employee & Children	None	For Full-time Employees: \$1,000/\$2,000/\$2,000 For Part-time Employees: \$625.20/\$1,187.52/\$1,187.52	None	For Full-time Employees: \$500/\$1,125/\$1,000 For Part-time Employees: \$312.60/\$843.76/\$593.76
Can EE/SP earn HQ HSA/HRA dollars?	No	Yes, EE: \$500	HRA only, EE: \$500	Yes, EE: \$500
(EE - Employee SP - Spouse HSA - Health Savings Account HRA - Health Reimbursement Account HQ - HealthQuest Rewards Premium Incentive Program.)				
*Discount Tier & non-covered items or services do not count toward Deductible or Out of Pocket Maximum.				
(1) Plan C and N: The deductible for all "non-single policies" (EE/SP; EE/Children; EE/Family) will be \$3,400 for all individuals within the family. However, the overall family deductible for these policies will remain at \$5,500.				
For employees with 2025 medical plan coverage who do not make an election during Open Enrollment for PY 2026, default is Plan N with an HRA.				