

Monroe County Board of County Commissioners	2026 Employee/Dependent Rates				2026 COBRA & Extended Rates	
	Current Traditional Plan	Current Traditional Plan	HDHP/HSA	HDHP/HSA	Current Traditional Plan	HDHP/HSA
	Monthly Rate	BiWeekly Rate	Monthly Rate	BiWeekly Rate	Monthly Rate	Monthly Rate

EMPLOYEE AND DEPENDENT MEDICAL/RX PREMIUMS EFFECTIVE 1/1/26

All Benefit Eligible Employees	\$75	\$35	\$0	\$0	\$1,102	\$910
DEPENDENTS ONLY						
Spouse Only	\$358	\$165	\$293	\$135	\$1,502	\$1,244
Spouse + Child(ren) (Family)	\$683	\$315	\$509	\$235	\$2,448	\$2,028
Child(ren) Only	\$249	\$115	\$217	\$100	\$946	\$783

DENTAL AND VISION PREMIUMS EFFECTIVE 1/1/26

DENTAL INSURANCE - Delta Dental

GOLD OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$55.50	\$25.62
Employee & Spouse Only		\$105.03	\$48.48
Employee & Children Only		\$113.37	\$52.32
Full Family		\$164.19	\$75.78
SILVER OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$42.04	\$19.40
Employee & Spouse Only		\$81.38	\$37.56
Employee & Children Only		\$87.17	\$40.25
Full Family		\$130.50	\$60.23

VISION INSURANCE - VSP

HIGH OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$9.38	\$4.33
Employee & Spouse Only		\$18.74	\$8.65
Employee & Children Only		\$20.04	\$9.25
Full Family		\$32.04	\$14.79
LOW OPTION		Monthly Rate	BiWeekly Rate
Employee Only		\$4.49	\$2.07
Employee & Spouse Only		\$8.98	\$4.14
Employee & Children Only		\$9.61	\$4.44
Full Family		\$15.36	\$7.09