



Health Care Benefits and Rates

October 14, 2025

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Proposed changes for 2026 plan year

- *Open Enrollment begins November 1, 2025.*
- Increase in employee premiums
 - Increase by base amount for the next 4 years
 - Increases will be adjusted to reflect excess health care costs
- Increase annual deductible to \$500 per individual (capped at \$1,500 per family) for hospital claims
- Other
 - Rates for retirees will also be adjusted (not part of employee plan)

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Salary Comparison to other organizations

GRADE	Macon Bibb County	Athens Clark County	Columbus Consolidated Government	Augusta Georgia	Columbia County	Henry County
Minimum Pay	\$ 26,332	\$ 26,759	\$ 31,200	\$ 31,605	\$ 32,760	\$ 33,578

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Previously Proposed Rates for 2026 plan year

Compliant Wellness Rate				New Rates		Non-Compliant Wellness Rate				New Rates	
	Current Per Pay Period	Pay Period Increase	Annual Increase	Per Pay Period	Annual		Current Per Pay Period	Pay Period Increase	Annual Increase	Per Pay Period	Annual
Plan I - HMO						Plan I - HMO					
EEO	51.41	7.71	185.08	59.12	1,418.92	EEO	61.94	9.29	222.98	71.23	1,709.54
EE+1	102.83	15.42	370.19	118.25	2,838.11	EE+1	123.89	18.58	446.00	142.47	3,419.36
EE + Family	154.25	23.14	555.30	177.39	4,257.30	EE + Family	185.83	27.87	668.99	213.70	5,128.91
Plan II - POS						Plan II - POS					
EEO	57.04	8.56	205.34	65.60	1,574.30	EEO	68.77	10.32	247.57	79.09	1,898.05
EE+1	114.16	17.12	410.98	131.28	3,150.82	EE+1	137.53	20.63	495.11	158.16	3,795.83
EE + Family	171.22	25.68	616.39	196.90	4,725.67	EE + Family	206.29	30.94	742.64	237.23	5,693.60
PPO						PPO					
EEO	64.45	9.67	232.02	74.12	1,778.82	EEO	77.65	11.65	279.54	89.30	2,143.14
EE+1	128.90	19.34	464.04	148.24	3,557.64	EE+1	155.30	23.30	559.08	178.60	4,286.28
EE + Family	193.36	29.00	696.10	222.36	5,336.74	EE + Family	232.95	34.94	838.62	267.89	6,429.42
Dental						Dental					
EEO	1.84	0.28	6.62	2.12	50.78	EEO	1.84	0.28	6.62	2.12	50.78
EE+1	3.73	0.56	13.43	4.29	102.95	EE+1	3.73	0.56	13.43	4.29	102.95
EE + Family	5.59	0.84	20.12	6.43	154.28	EE + Family	5.59	0.84	20.12	6.43	154.28

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Employee Census

Employee Counts	Pay Min	Pay Max	Band	Counts by Salary Band		
				Ee Only	Ee + 1	Family
800	\$ -	\$ 50,000	1	530	155	115
1100	\$ 50,001	\$ 100,000	2	430	277	393
70	\$ 100,001	n/a	3	20	20	30
1970				980	452	538

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Revised Proposed Rates for 2026 plan year

Band	2026 Employee Contributions			HMO Wellness			Annual Increase		
	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family
1	\$ 57.58	\$ 115.17	\$ 172.76	\$ 6.17	\$ 12.34	\$ 18.51	\$ 148.08	\$ 296.16	\$ 444.24
2	\$ 59.12	\$ 118.25	\$ 177.39	\$ 7.71	\$ 15.42	\$ 23.14	\$ 185.04	\$ 370.08	\$ 555.36
3	\$ 66.83	\$ 133.68	\$ 200.53	\$ 15.42	\$ 30.85	\$ 46.28	\$ 370.08	\$ 740.40	\$ 1,110.72
Band	2026 Employee Contributions			HMO not Wellness			Annual Increase		
	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family
1	\$ 69.37	\$ 138.76	\$ 208.13	\$ 7.43	\$ 14.87	\$ 22.30	\$ 176.32	\$ 356.88	\$ 535.20
2	\$ 71.23	\$ 142.47	\$ 213.70	\$ 9.29	\$ 18.58	\$ 27.37	\$ 222.96	\$ 445.92	\$ 668.88
3	\$ 80.52	\$ 161.06	\$ 241.58	\$ 18.58	\$ 37.17	\$ 55.75	\$ 445.92	\$ 892.08	\$ 1,338.00
Band	2026 Employee Contributions			POS Wellness			Annual Increase		
	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family
1	\$ 63.63	\$ 127.06	\$ 191.77	\$ 6.84	\$ 13.70	\$ 20.55	\$ 164.16	\$ 328.30	\$ 493.20
2	\$ 65.60	\$ 131.28	\$ 196.90	\$ 8.56	\$ 17.12	\$ 25.68	\$ 205.44	\$ 410.88	\$ 616.32
3	\$ 74.15	\$ 148.41	\$ 222.59	\$ 17.11	\$ 34.25	\$ 51.37	\$ 410.64	\$ 822.00	\$ 1,232.88
Band	2026 Employee Contributions			POS not Wellness			Annual Increase		
	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family
1	\$ 77.02	\$ 154.03	\$ 231.04	\$ 8.25	\$ 16.50	\$ 24.75	\$ 196.00	\$ 396.00	\$ 594.00
2	\$ 79.09	\$ 158.16	\$ 237.23	\$ 10.32	\$ 20.63	\$ 30.94	\$ 247.68	\$ 495.12	\$ 742.56
3	\$ 89.40	\$ 178.79	\$ 268.18	\$ 20.63	\$ 41.26	\$ 61.89	\$ 495.12	\$ 990.24	\$ 1,485.36
Band	2026 Employee Contributions			Dental Plan			Annual Increase		
	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family	Ee Only	Ee + 1	Family
1	\$ 2.06	\$ 4.18	\$ 6.26	\$ 0.22	\$ 0.45	\$ 0.67	\$ 5.28	\$ 10.80	\$ 16.08
2	\$ 2.12	\$ 4.29	\$ 6.43	\$ 0.28	\$ 0.56	\$ 0.84	\$ 6.72	\$ 13.44	\$ 20.16
3	\$ 2.39	\$ 4.85	\$ 7.27	\$ 0.55	\$ 1.12	\$ 1.68	\$ 13.20	\$ 26.88	\$ 40.32

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Comparison of Per pay period rates – HMO Plans

Band	Wellness Rates			Non-Wellness Rates		
	9-29-2025 Rate proposal	10-14-2025 Rate Proposal	Difference in Rates	9-29-2025 Rate proposal	10-14-2025 Rate Proposal	Difference in Rates
	Ee Only	Ee Only	Ee Only	Ee Only	Ee Only	Ee Only
1	59.12	57.58	(1.54)	71.23	69.37	(1.86)
2	59.12	59.12	-	71.23	71.23	-
3	59.12	66.83	7.71	71.23	80.52	9.29
	Ee + 1	Ee + 1	Ee + 1	Ee + 1	Ee + 1	Ee + 1
1	118.25	115.17	(3.08)	142.47	138.76	(3.71)
2	118.25	118.25	-	142.47	142.47	-
3	118.25	133.68	15.43	142.47	161.06	18.59
	Family	Family	Family	Family	Family	Family
1	177.39	172.76	(4.63)	213.70	208.13	(5.57)
2	177.39	177.39	-	213.70	213.70	-
3	177.39	200.53	23.14	213.70	241.58	27.88

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Effect of 3% COLA and increase in health care cost on Pay Grade 10

Pay Grade 10	Salary 31,605	3% COLA 948					
	Wellness Rate			Non-Wellness Rate			
Plan I - HMO	Annual Increase	COLA	Net Increase		Annual Increase	COLA	Net Increase
EEO	148	948	800	EEO	178	948	770
EE+1	296	948	652	EE+1	357	948	591
EE + Family	444	948	504	EE + Family	535	948	413
Plan II - POS				Plan II - POS			
EEO	164	948	784	EEO	198	948	750
EE+1	329	948	619	EE+1	396	948	552
EE + Family	493	948	455	EE + Family	594	948	354

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Actions for Today and Changes to be considered for future plan years

- Today
 - Adopt proposed rate plan for Medical and Dental plans
 - Increase deductible to \$500 for hospital claims

- For future plan years
 - Increase in employee premiums beyond proposed schedule

 - Change plan structure
 - Plan benefits
 - Plan Types
 - Co-Insurance rates
 - Deductibles

 - Other type of plans

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QUESTIONS?

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