2026 Health InsuranceContribution Rates *Full Time - Non Represented Employees*	82%	Average Qualified Tier 1 Plan	LOW DEDUCTIBLE PLAN

Family Plan

	Dean Health Plan by Medica	GHC of Eau Claire Greater Wisconsin	GHC of SCW Dane Choice**	Medical Associates	Quartz Central	Quartz UW**	Access Plan - by Dean	State Maintenance Plan by Dean
2026 Local Deductible Plan Total Monthly Premium	**3,129.62**	**3,777.78**	**2,314.18**	**2,489.08**	**3,545.28**	**2,401.88**	**3,578.10**	**2,856.32**
City Monthly Contribution towards lowest qualified plan	2,342.18	2,342.18	2,342.18	2,342.18	2,342.18	2,342.18	2,342.18	2,342.18
Employee Monthly Contribution per Month	**$ 787.44**	**$ 1,435.60**	**$ (28.00)**	**$ 146.90**	**$ 1,203.10**	**$ 59.70**	**$ 1,235.92**	**$ 514.14**
Half per paycheck	**$ 393.72**	**$ 717.80**	**$ (14.00)**	**$ 73.45**	**$ 601.55**	**$ 29.85**	**$ 617.96**	**$ 257.07**

Single Plan

	Dean Health Plan by Medica	GHC of Eau Claire Greater Wisconsin	GHC of SCW Dane Choice**	Medical Associates	Quartz Central	Quartz UW**	Access Plan - by Dean	State Maintenance Plan by Dean
2026 Local Deductible Plan Total Monthly Premium	**1,269.20**	**1,528.46**	**943.02**	**1,012.98**	**1,435.46**	**978.10**	**1,448.58**	**1,159.86**
City Monthly Contribution towards lowest qualified plan	951.09	951.09	951.09	951.09	951.09	951.09	951.09	951.09
Employee Monthly Contribution per Month	**$ 318.11**	**$ 577.37**	**$ (8.07)**	**$ 61.89**	**$ 484.37**	**$ 27.01**	**$ 497.49**	**$ 208.77**
Half per paycheck	**$ 159.06**	**$ 288.69**	**$ (4.03)**	**$ 30.95**	**$ 242.19**	**$ 13.51**	**$ 248.75**	**$ 104.39**

Please Note:

Contribution rates above are monthly. Half of the monthly contribution is deducted per paycheck.
(In months with 3 paychecks, only 2 deductions are made).
*** In-plan providers are located in Dane County only.*

Annual Cost to City of a Single Plan:	$ 11,413.02	**$ 1,148.13**	$10,264.89	2025
Annual Cost to City of a Family Plan:	$28,106.19	**$2,859.51**	$25,246.68	2025