

Hugo Vargas
Commissioner

Kevin Holland
Commissioner

Jackie Ratica Commissioner Bobbie Spratt Commissioner

"The City of Oaks"

Julie C. Wilkins

Mayor

## Insurance Rate Sheet for October 1, 2025 - September 30, 2026

	Total Monthly Cost	City Pays	Employee Monthly Amount	Employee Weekly Amount
03769 – Base Plan (Current Plan)				
Employee Only	\$1,028.00	\$1,028.00	\$0.00	\$0.00
Employee + Spouse	\$1,891.00	\$1,416.35	\$474.65	\$109.53
Employee + Child/Children	\$1,758.00	\$1,356.50	\$401.50	\$ 92.65
Employee + Family	\$2,844.00	\$1,845.20	\$998.80	\$230.49
03748- Buy Up Option 2				
Employee Only	\$1,167.00	\$1,028.00	\$139.00	\$ 32.08
Employee + Spouse	\$2,146.00	\$1,416.35	\$729.65	\$168.38
Employee + Child/Children	\$1,995.00	\$1,356.50	\$638.50	\$147.35
Employee + Family	\$3,229.00	\$1,845.20	\$1,383.80	\$319.34
03559-Option 3			. ,	
Employee Only	\$963.00	\$1,028.00	-\$65.00	\$0.00
Employee + Spouse	\$1,771.00	\$1,416.35	\$354.65	\$81.84
Employee + Spouse	\$1,771.00	\$1,481.35	\$289.65	\$66.84
Employee + Child/Children	\$1,646.00	\$1356.50	\$289.50	\$66.81
Employee + Child/Children	\$1,646.00	\$1,421.50	\$224.50	\$51.81
Employee + Family	\$2,664.00	\$1,845.20	\$818.80	\$188.95
Employee Family	\$2,664.00	\$1,910.20	\$753.80	\$173.95
HSA 05180/1-Option 4				
Employee Only	\$890.00	\$1,028.00	-\$138.00	
Employee + Spouse	\$1,636.00	\$1,416.35	\$219.65	\$50.69
Employee + Spouse	\$1,636.00	\$1,554.35	\$81.65	\$18.84
Employee + Child/Children	\$1,521.00	\$1,356.50	\$164.50	\$37.96
Employee + Child/Children	\$1,521.00	\$1,494.50	\$26.50	\$6.12
Employee + Family	\$2,461.00	\$1,845.20	\$615.80	\$142.11
Employee + Family	\$2,461.00	\$1,983.20	\$477.80	\$110.26
05901-Option 5				
Employee Only	\$809.00	\$1028.00	-\$219.00	
Employee + Spouse	\$1,488.00	\$1,416.35	\$71.65	\$16.53
Employee + Spouse	\$1,488.00	\$1,635.35	-\$147.35	
Employee + Child/Children	\$1,383.00	\$1,356.50	\$26.50	\$ 6.12
Employee + Child/Children	\$1,383.00	\$1,575.50	-\$192.50	



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Employee + Family	\$2,238.00	\$1,845.20	\$392.80	\$90.65	
Employee + Family	\$2,238.00	\$2,064.20	\$173.80	\$40.11	

If the Commission approves the credit amounts to be used towards dependent coverage the monthly and weekly amounts will change. Highlighted dependent amounts would be the amount the employee would pay if the Commission approves to use the credit from the employee only coverage. The HSA credit could be used towards premium savings or put into their HSA Account.

## Insurance Rate Sheet for October 1, 2025 – September 30, 2026

	Total Monthly Cost	City Pays	Employee Monthly Amount	Employee Weekly Amount
Dental Plan – Low Plan				
Employee Only	\$26.71	\$26.71	\$0.00	\$0.00
Employee + Family	\$72.21	\$26.71	\$45.50	\$10.50
Dental Plan – High Plan				
Employee Only	\$34.05	\$26.71	\$7.34	\$1.69
Employee + Family	\$89.95	\$26.71	\$63.24	\$14.59
Vision				
Employee Only	\$4.07	\$4.07	\$0.00	\$0.00
Employee + Spouse	\$8.09	\$4.07	\$4.02	\$.93
Employee + Child/Children	\$8.01	\$4.07	\$3.94	\$.91
Employee + Family	\$13.86	\$4.07	\$9.79	\$2.26