



Medical Only Rates	
	SBC
8	Employee Only
9	Employee Spouse
1	Employee Child
10	Family

Monthly Premiums Medical	
	Colonial (Hospital Coverage)
	TML Part B Gap Coverage \$6500
	BCBS Dental (\$1000)
	VSP Vision
	Dental (\$1500)
	Vision
	Lincoln (Life/Disability)
	Unum (Life/Disability)
	Monthly Total

Annual Premiums	
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2026 Alternative				
BCBS S Network		Employer Cost	Employee Cost	Employee Cost
Co-Pay	Employee Share %			Per Pay Period
Gold 1495		Monthly	Monthly	
Summary of Benefits & Coverage				
\$855.02	5%	\$812.27	\$42.75	\$19.73
\$1,710.04	12%	\$1,504.84	\$205.20	\$94.71
\$1,581.79	11%	\$1,407.79	\$174.00	\$80.31
\$2,436.81	11%	\$2,168.76	\$268.05	\$123.71

Totals \$43,137.07 \$5,043.34 \$48,180.41

\$48,180.41
\$8,236.02
\$1,646.69
\$292.76
\$1,882.31
\$60,238.19

[Dental BCBS SBC](#)
[Vision BCBS SBC](#)

\$722,858.28
-1.03%

% of increase

HRA
\$500
\$1,000.00
\$24,000.00
\$2,080.00
\$748,938.28
2.54%

EE
EE + Dependents
Max Annual HRA Exposure
One time Set Up Fee \$400
(Reduced from \$750 for TML)
Monthly Cost per enrollee \$5
\$100 Annual Renewal
Max Exposure
% of increase

Minor Medical	
	Preventative Care
	Telemedicine (24/7 Unlimited Usage)
	Doctor Visits
	Specialist
	Prescriptions Tier 1
	Brand/Specialty
Major Medical	
	Urgent Care Facility
	Emergency Room
	Outpatient Testing
	Outpatient Surgery
	Inpatient Hospitalization
	Pre-Existing Conditions
	Mental Health
	Maternity

BCBS Gold 1495 Co-Pay
100%
100%
\$30
\$40
\$10
\$35/\$75/50%
\$40
\$250
500/0%/500
500/0%/500
500/0%/500
Covered
Covered
Covered

Prior 12 months estimated: 3 visits per life
Prior 12 months estimated: 1 visits per life

17 lives of 73 total reached their deductible