



Effective January 1, 2026

PLAN NAME	FAMILY STATUS			
	Individual	Individual + Spouse	Individual + Children	Family
MEDICAL				
BCBS High Deductible Plan	\$639.57	\$1,961.19	\$1,168.22	\$2,357.68
BCBS In-Network Only Plan	\$661.14	\$1,983.43	\$1,190.06	\$2,380.13
BCBS No Deductible Plan	\$643.12	\$1,929.34	\$1,157.60	\$2,315.21
BCBS PPO Core Plan	\$656.72	\$1,970.15	\$1,182.07	\$2,364.19
Kaiser California Core Deductible	\$615.88	\$1,385.72	\$1,262.55	\$1,786.04
Kaiser California Premium Traditional	\$718.94	\$1,617.61	\$1,473.82	\$2,084.92
Kaiser Georgia Core Deductible Plan	\$639.61	\$1,439.13	\$1,311.20	\$1,854.87
Kaiser Georgia Premium Traditional	\$743.93	\$1,673.84	\$1,525.05	\$2,157.39
DENTAL				
MetLife Dental Plan I	\$23.02	\$44.88	\$49.26	\$70.42
MetLife Dental Plan II	\$29.66	\$57.84	\$129.63	\$157.29
VISION				
VSP Vision I	\$6.42	\$10.27	\$10.47	\$16.90
VSP Vision II	\$8.69	\$13.88	\$14.18	\$22.88

Note: Rates include a 2% administration fee



If you have questions, please call OPTUM at (855) 687-2021.