



2026 **Per Pay Period** for Self-Funded HMA

Effective 1/1/2026

PAY PERIOD HMA: MEDICAL & Rx						
Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	425.09	386.83	38.26	38.26	38.26	38.26
Employee and Spouse	972.52	884.99	87.53	175.12	243.55	311.99
Employee and Child	704.29	640.90	63.39	108.06	142.96	177.86
Employee and Children	921.25	838.34	82.91	162.30	224.32	286.35
Employee, Spouse, and Child	1,251.74	1,139.08	112.66	244.93	348.24	451.59
Employee, Spouse, and Children	1,468.69	1,336.51	132.18	299.16	429.62	560.06

PAY PERIOD HMA: DENTAL & VISION						
Coverage Level	Full Premium	City Pays	Fulltime Employee 35 ≥ hours	* Part-time 30>35 hrs	* Part-time 25>30 hrs	* Part-time 20>25 hrs
Cost Share	100%	91%	9%	25%	37.5%	50%
Employee	43.64	39.71	3.93	3.93	3.93	3.93
Employee and Spouse	93.64	85.22	8.42	16.42	22.67	28.93
Employee and Child	82.35	74.94	7.41	13.60	18.43	23.29
Employee and Children	117.58	107.00	10.58	22.42	31.65	40.90
Employee, Spouse, and Child	132.37	120.46	11.91	26.11	37.19	48.28
Employee, Spouse, and Children	167.61	152.52	15.09	34.92	50.41	65.91

*Premiums for part-time employees: If you are an active regular employee scheduled for at least 20 hours per week, you and your dependents are eligible for full coverage. The premium cost share for employee coverage is the same regardless of full-time or part-time status. The premium cost share for dependents is prorated for part-time employee's based on scheduled hours as noted: • 25% for 30 > 35 hours a week • 37.5% for 25 > 30 hours a week • 50% for 20 > 25 hours a week

For Councilmembers, the city pays the premium for the Councilmember. If adding dependents, Councilmembers are responsible for the full premium minus the employee rate.