ROANOKE
HUMAN RESOURCES

# 2026 HEALTH PREMIUM RATES

aetna™

| PPO 750 – 2026 Monthly "Wellness Rates" | Paid by Employee | Paid by City | Total Costs | PPO 750 2026 Monthly "Non-Wellness Rates" | Paid by Employee | Paid by City | Total Cost81.94s |
|---|---|---|---|---|---|---|---|
| Employee Only | $81.94 | $900.00 | $981.94 | Employee Only | $181.94 | $800.00 | $981.94 |
| EE + Child | $306.26 | $900.00 | $1,206.26 | EE + Child | $406.26 | $800.00 | $1,206.26 |
| EE +Spouse | $718.38 | $900.00 | $1,618.38 | EE +Spouse | $818.38 | $800.00 | $1,618.38 |
| Family | $785.44 | $900.00 | $1,685.44 | Family | $885.44 | $800.00 | $1,685.44 |
| **PPO/HRA 1500 2026 Monthly "Wellness Rates"** | **Paid by Employee** | **Paid by City** | **Total Costs** | **PPO/HRA 1500 2026 Monthly "Non-Wellness Rates"** | **Paid by Employee** | **Paid by City** | **Total Costs** |
| Employee Only | $53.06 | $900.00 | $953.06 | Employee Only | $153.06 | $800.00 | $953.06 |
| EE + Child | $260.06 | $900.00 | $1,160.06 | EE + Child | $360.06 | $800.00 | $1,160.06 |
| EE +Spouse | $660.64 | $900.00 | $1,560.64 | EE +Spouse | $760.64 | $800.00 | $1,560.64 |
| Family | $669.94 | $900.00 | $1,569.94 | Family | $769.94 | $800.00 | $1,569.94 |
| **PPO/HDHP-HSA 2026 Monthly "Wellness Rates"** | **Paid by Employee** | **Paid by City** | **Total Costs** | **PPO/HDHP-HSA 2026 Monthly "Non-Wellness Rates"** | **Paid by Employee** | **Paid by City** | **Total Costs** |
| Employee Only | $25.10 | $900.00 | $925.10 | Employee Only | $125.10 | $800.00 | $925.10 |
| EE + Child | $195.72 | $900.00 | $1,095.72 | EE + Child | $295.72 | $800.00 | $1,095.72 |
| EE +Spouse | $547.88 | $900.00 | $1,447.88 | EE +Spouse | $647.88 | $800.00 | $1,447.88 |
| Family | $550.56 | $900.00 | $1,450.56 | Family | $650.56 | $800.00 | $1,450.56 |

**Note: EE = Employee**

# 2026 DENTAL PREMIUM RATES

DELTA DENTAL®

| Dental Monthly Rates | Paid by Employee | Paid by City | Total Costs |
|---|---|---|---|
| **Employee Only** | $ 2.80 | $ 32.48 | $ 35.28 |
| **Employee + Child** | $ 18.88 | $ 38.48 | $ 57.36 |
| **Employee + Spouse** | $ 18.88 | $ 38.48 | $ 57.36 |
| **Family** | $ 49.36 | $ 49.88 | $ 99.24 |

# 2026 COMMUNITY EYE CARE (CEC) VISION PLAN RATES

CEC™
community eye care
a VSP® company

| VISION MONTHLY RATES | |
|---|---|
| **Employee Only** | $ 6.68 |
| **Employee + Spouse** | $ 12.69 |
| **Employee + Child(ren)** | $ 13.36 |
| **Employee + Family** | $ 19.71 |