



# Insurance Renewal Information 2026-2027

Insurance/Plan Contract	2025-2026 Current Rate/Month	2026-2027 Renewal Rate/Month	Increase/Decrease
<b><u>Health and Hospitalization Insurance ~ Blue Cross Blue Shield (BCBS) (Self-Funded)</u></b>			
Comp Basic Single Plan	\$1,130.80	\$1,198.65	\$67.85
Comp Basic Family Plan	\$3,229.60	\$3,423.38	\$193.78
High Deductible / VEBA Single Plan	\$975.70	\$1,034.24	\$58.54
High Deductible / VEBA Family Plan	\$2,818.20	\$2,987.29	\$169.09
<b><u>Dental Insurance ~ HealthPartners Dental (Self-Funded)</u></b>			
Single Plan	\$119.33	\$119.33	\$0.00
Family Plan	\$137.45	\$137.45	\$0.00
Note: Admin Rate change for July 1, 2026 from \$6.95 to \$7.69			
<b><u>Life and AD&amp;D Insurance ~ The Hartford</u></b>			
Life and AD&D	\$.08/\$1,000/month	\$.08/\$1,000/month	\$0.00
Note: Rate guarantee through June 30, 2028.			
<b><u>Supplemental Life Insurance ~ The Hartford</u></b>			
Employee Life and AD&D	Age Rate Table/\$1,000/month	Age Rate Table/\$1,000/month	\$0.00
Spouse Life	Age Rate Table/\$1,000/month	Age Rate Table/\$1,000/month	\$0.00
Dependent Life (Spouse/Child)	\$2.065/month	\$2.065/month	\$0.00
Note: Rate guarantee through June 30, 2028.			
<b><u>Long Term Disability Insurance ~ The Hartford</u></b>			
Employee Plan	\$.26/\$100	\$.26/\$100	\$0.00
Note: Rate guarantee through June 30, 2028.			
<b><u>Employee Assistance Program (EAP) ~ The Hartford</u></b>			
Provided as a Value Add with Hartford LTD/Life Insurance Plans		No Cost	N/A



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<b><u>Vision Plan ~ VSP</u></b>			
Employee Only	\$8.59	\$8.59	\$0.00
Employee + One	\$13.75	\$13.75	\$0.00
Employee + Children	\$14.04	\$14.04	\$0.00
Family	\$22.64	\$22.64	\$0.00
Note: Rate hold through June 30, 2028.			
<b><u>Long Term Care / Life Insurance ~ Trustmark</u></b>			
Rates Based on Employee Age at Time of Enrollment		N/A	N/A