2026 Domestic Medical, Dental & Vision Monthly Premiums Effective 01/01/26

	BCBS Highmark Health Saver Standard (HSA Qualified) Staff Medical Coverage Rates			
	Employee (EE)			
	Only	EE + Spouse	EE + Child(ren)	EE + Family
TEAM Cost	\$740.37	\$1,316.20	\$1,250.39	\$1,974.30
Personal Cost	\$82.26	\$329.05	\$312.60	\$493.58
Total Cost	\$822.63	\$1,645.25	\$1,562.99	\$2,467.88
MCP* Cost	\$839.08	\$1,678.16	\$1,594.25	\$2,517.24

	BCBS Highmark Health Choice 2000 Staff Medical Coverage Rates			
	Employee (EE)			
	Only	EE + Spouse	EE + Child(ren)	EE + Family
TEAM Cost	\$564.87	\$1,004.20	\$953.99	\$1,506.30
Personal Cost	\$62.76	\$251.05	\$238.50	\$376.58
Total Cost	\$627.63	\$1,255.25	\$1,192.49	\$1,882.88
MCP* Cost	\$640.18	\$1,280.36	\$1,216.34	\$1,920.54

	BCBS Highmark Health Saver Standard (HSA Qualified) Global Workers Medical Coverage Rates			
	Employee (EE) Only	EE + Spouse	EE + Child(ren)	EE + Family
Work Funds	\$822.63	\$1,645.25	\$1,562.99	\$2,467.88
Personal Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost	\$822.63	\$1,645.25	\$1,562.99	\$2,467.88
MCP* Cost	\$839.08	\$1,678.16	\$1,594.25	\$2,517.24

	BCBS Highmark Health Choice 2000 Global Workers Medical Coverage Rates			
	Employee (EE)			
	Only	EE + Spouse	EE + Child(ren)	EE + Family
Work Funds	\$627.63	\$1,255.25	\$1,192.49	\$1,882.88
Personal Cost	\$0.00	\$0.00	\$0.00	\$0.00
Total Cost	\$627.63	\$1,255.25	\$1,192.49	\$1,882.88
MCP* Cost	\$640.18	\$1,280.36	\$1,216.34	\$1,920.54

	Cigna Dental for LT Global Workers & Staff Dental Coverage Rates				
	Employee (EE)				
Personal Cost	Only	EE + Spouse	EE + Child(ren)	EE + Family	
Premier Plan	\$45.33	\$90.66	\$113.33	\$158.66	
MCP* Cost	\$46.24	\$92.47	\$115.60	\$161.83	
DHMO Plan	\$25.06	\$42.35	\$59.14	\$69.67	
MCP* Cost	\$25.56	\$43.20	\$60.32	\$71.06	

	VSP for Long Term Global Workers & Staff Vision Coverage Rates			
Personal Cost	Employee (EE) Only	EE + One		EE + Family
VSP Choice	\$8.04	\$11.65		\$20.90
MCP* Cost	\$8.20	\$11.88	\$0.00	\$21.32