

2026 Proposed Employee Rates			
Rates are monthly; see attached plan sheet for details			
Health	Hope 1000	Hope 4000	Hope 4000 HSA Annual Contribution
Employee	\$325	\$300	\$1,400.00
Employee + Spouse	\$663	\$609	\$2,800.00
Employee + Child(ren)	\$613	\$560	\$2,800.00
Family	\$950	\$873	\$2,800.00
HRP	\$125		
Dental/Vision			
Employee	\$11		
Employee + Spouse	\$18		
Employee + Child(ren)	\$24		
Family	\$27		
<b>Proposed Benefits</b>		<i>Member choice as to providers (not network-limited)</i>	
<b><u>DENTAL BENEFITS</u></b>			
<i>Maximum Benefit</i> \$2,000 per individual per calendar year			
<i>Deductible</i> n/a			
<i>Benefit Percentages</i> 100% for preventive and diagnostic services			
80% for basic services			
50% for major and orthodontic services (ortho for covered dependents under age 26)			
<b><u>VISION BENEFITS</u></b>			
<i>Maximum Benefit</i> \$350 per individual per benefit period (for exams, lenses, frames, and/or contacts)			