

2026 AHA-BCBS Medical Insurance Premiums

Health Insurance Plan	Employee Bi-Weekly Premium	Employee Monthly Premium	HSA (Annual Total - Provided per pay check)	Employer Bi-Weekly Premium	Employer Monthly Premium	Total Monthly Premium
Maize Plan						
Employee	\$108.00	\$234.00	N/A	\$298.36	\$646.46	\$880.46
Employee +1	\$240.92	\$522.00	N/A	\$631.63	\$1368.53	\$1890.53
Family	\$383.54	\$831.00	N/A	\$955.55	\$2070.36	\$2901.36
Blue Plan						
Employee	\$82.62	\$179.00	\$1,200.00	\$300.33	\$650.72	\$829.72
Employee +1	\$175.85	\$381.00	\$2,400.00	\$641.46	\$1389.83	\$1770.83
Family	\$263.54	\$571.00	\$3,000.00	\$962.43	\$2085.27	\$2656.27

2026 Delta Dental of MN Insurance Premiums

Dental Insurance	Bi-Weekly Premium	Monthly Premium	Annual Premium
Value			
Employee	\$ 17.99	\$ 38.97	\$ 467.67
Employee + Spouse	\$ 36.11	\$ 78.23	\$ 938.76
Employee + Child(ren)	\$ 33.98	\$ 73.61	\$ 883.38
Family	\$ 58.39	\$ 126.51	\$ 1,518.16
Comprehensive			
Employee	\$ 23.95	\$ 51.88	\$ 622.59
Employee + Spouse	\$ 48.12	\$ 104.25	\$ 1,251.03
Employee + Child(ren)	\$ 45.23	\$ 97.99	\$ 1,175.89
Family	\$ 77.73	\$ 168.41	\$ 2,020.96

2026 VSP Vision Insurance Premiums

Vision Insurance	Bi-Weekly Premium	Monthly Premium	Annual Premium
Employee	\$ 3.69	\$ 7.99	\$ 95.88
Employee + Spouse	\$ 5.90	\$ 12.78	\$ 153.36
Employee + Child(ren)	\$ 6.02	\$ 13.05	\$ 156.60
Family	\$ 9.71	\$ 21.03	\$ 252.36

DOMESTIC PARTNER COVERAGE

If you enroll a domestic partner on your plan, their portion of the premium coverage will be considered taxable income.