2026 Plan Year Health Insurance Premiums and Contributions
Active Employees
January 1 - December 31, 2026

Delta Dental of Virginia	Employee Semi-Monthly Contribution	APS Semi-Monthly Contribution	*Employee Monthly Contribution*	APS Monthly Contribution	Delta Dental Total Monthly Rate	*2025 Employee Semi-Monthly Contribution*
Employee Only						
30-40 Hours (Full-Time)	$15.97	$8.60	$31.94	$17.20	$49.14	*$14.84*
15-29 Hours (Part-Time)	$20.27	$4.30	$40.54	$8.60	$49.14	*$18.81*
Employee + Spouse						
30-40 Hours (Full-Time)	$31.24	$16.82	$62.48	$33.64	$96.12	*$29.02*
15-29 Hours (Part-Time)	$39.65	$8.41	$79.30	$16.82	$96.12	*$36.80*
Employee + Child(ren)						
30-40 Hours (Full-Time)	$32.12	$17.29	$64.23	$34.58	$98.81	*$29.83*
15-29 Hours (Part-Time)	$40.76	$8.65	$81.52	$17.29	$98.81	*$37.83*
Family						
30-40 Hours (Full-Time)	$46.50	$25.04	$93.00	$50.08	$143.08	*$43.20*
15-29 Hours (Part-Time)	$59.02	$12.52	$118.04	$25.04	$143.08	*$54.78*

CareFirst Vision	Employee Semi-Monthly Contribution	APS Semi-Monthly Contribution	*Employee Monthly Contribution*	APS Contribution	CareFirst Vision Total Rate	*2025 Employee Semi-Monthly Contribution*
Employee Only						
30-40 Hours (Full-Time)	$4.20	$0.00	$8.40	$0.00	$8.40	*$4.20*
15-29 Hours (Part-Time)	$4.20	$0.00	$8.40	$0.00	$8.40	*$4.20*
Employee + Spouse						
30-40 Hours (Full-Time)	$8.40	$0.00	$16.80	$0.00	$16.80	*$8.40*
15-29 Hours (Part-Time)	$8.40	$0.00	$16.80	$0.00	$16.80	*$8.40*
Employee + Child(ren)						
30-40 Hours (Full-Time)	$8.82	$0.00	$17.64	$0.00	$17.64	*$8.82*
15-29 Hours (Part-Time)	$8.82	$0.00	$17.64	$0.00	$17.64	*$8.82*
Family						
30-40 Hours (Full-Time)	$12.31	$0.00	$24.62	$0.00	$24.62	*$12.31*
15-29 Hours (Part-Time)	$12.31	$0.00	$24.62	$0.00	$24.62	*$12.31*