

COS 2026 PLAN YEAR - Active Employee Benefit Rates

60 day waiting period for all employees	Monthly	Semi-Monthly	Weekly	Monthly	Semi-Monthly	Weekly		
MEDICAL	BCBS Base Plan			BCBS High Deductible Plan				
Employee	221.98	110.99	51.23	109.30	54.65	25.22		
Employee + 1 Child	356.95	178.48	82.37	176.35	88.18	40.70		
Employee + 2 or more Children	368.21	184.11	84.97	188.04	94.02	43.39		
Employee + Spouse	414.15	207.08	95.57	204.93	102.47	47.29		
Employee + Spouse + 1 Child	543.98	271.99	125.53	272.06	136.03	62.78		
Employee + Spouse + 2 or more Children	569.76	284.88	131.48	281.86	140.93	65.04		
TOBACCO SURCHARGE	Base Plan			High Deductible Plan				
Employee	33.30	16.65	7.68	16.40	8.20	3.78		
Employee + 1 Child	53.54	26.77	12.36	26.45	13.23	6.10		
Employee + 2 or more Children	55.23	27.62	12.75	28.21	14.10	6.51		
Employee + Spouse	62.12	31.06	14.34	30.74	15.37	7.09		
Employee + Spouse + 1 Child	81.60	40.80	18.83	40.81	20.40	9.42		
Employee + Spouse + 2 or more Children	85.46	42.73	19.72	42.28	21.14	9.76		
MEDICAL SURCHARGES	Spousal Surcharge			Wellness Surcharge				
	100.00	50.00	23.08	50.00	25.00	11.54		
BCBSLA - Other Coverage	Dental			Vision				
Employee Only	13.02	6.51	3.00	4.42	2.21	1.02		
Employee + Spouse	25.52	12.76	5.89	8.83	4.42	2.04		
Employee + Child(ren)	38.16	19.08	8.81	9.28	4.64	2.14		
Family	50.64	25.32	11.69	12.94	6.47	2.99		
Accident - The Standard								
Employee Only	10.13	5.07	2.34					
Employee + Spouse	16.41	8.21	3.79					
Employee + Child(ren)	18.94	9.47	4.37					
Family	29.78	14.89	6.87					
Hospital Indemnity - The Standard	Low Plan			High Plan				
Employee	8.16	4.08	1.88	12.60	6.30	2.91		
Employee + Spouse	13.78	6.89	3.18	21.36	10.68	4.93		
Employee + Children	11.62	5.81	2.68	17.58	8.79	4.06		
Family	20.64	10.32	4.76	31.52	15.76	7.28		
Critical Illness rates are per person based on age and Tobacco use for Employee and Spouse when elected.								
Critical Illness - Non-Tobacco	18-29	30-39	40-49	50-59	60-69	70+		
10,000	5.00	7.90	13.70	22.00	36.20	61.30		
20,000	10.00	15.80	27.40	44.00	72.40	122.60		
30,000	15.00	23.70	41.10	66.00	108.60	183.90		
Critical Illness - Tobacco	18-29	30-39	40-49	50-59	60-69	70+		
10,000	6.00	11.10	23.00	43.00	78.70	127.60		
20,000	12.00	22.20	46.00	86.00	157.40	255.20		
30,000	18.00	33.30	69.00	129.00	236.10	382.80		
Short Term Disability (STD) - after 14 days Disabled 60% of weekly salary up to 1,500. 90 days maximum			Long Term Disability (LTD) - after 90 days disabled 60% of monthly earnings up to 5,000					
Rate is per \$10 of covered weekly benefit amount.			LTD is required for employees who are		.470/100			
Divide annual salary by 52 x 60%, then divide by 10 x rate			participating in ERS (not Civil Service)		of covered pay			
Salary \$30,000 / 52 x 60% = 346.16 divided by 10 = 34.61 x (rate for 30 year old) .602 \$20.83 per month premium or \$10.42 per check for Semi-Monthly			0-30 years		0.50			
			30-34 years		0.56			
			35-39 years		0.40			
			40-44 years		0.33			
			45-49 years		0.39			
			50-54 years		0.45			
			55-59 years		0.61			
			60-999 years		0.74			
			Term Life Insurance					
			Employee Life 4x annual salary up to 400K (rounded to next 1k)			.034/1K Benefit Amount		
			Ex: 34,500 salary = 138,000 138 x .034 = 4.70 per month		Monthly	Semi-Monthly	Weekly	
			4.70	2.35	1.08			
			Spouse Life 5k			2.48	1.24	0.57
			Child Life \$2K			0.99	0.50	0.23