



**HMSA Bi-Weekly Employee Contributions for Medical, Dental and Vision Plans
Plan Year: 01/01/2026 – 12/31/2026**

Coverage Election ¹	Medical			
	HMSA HMO		HMSA PPO	
	Employee	Employer	Employee	Employer
Employee Only	\$8.00	\$286.15	\$8.00	\$289.52
Employee plus Spouse	\$112.00	\$561.14	\$119.72	\$561.14
Employee plus Children	\$91.00	\$467.25	\$97.41	\$467.25
Employee plus Family	\$133.00	\$804.86	\$143.76	\$804.86
Additional Working Partner Premium ²	\$46.15		\$46.15	

Coverage Election	Dental				Vision	
	PPO Network		Open Network			
	Employee	Employer	Employee	Employer	Employee	Employer
Employee Only	\$6.00	\$7.31	\$17.00	\$6.95	\$3.50	\$0.00
Employee plus Spouse	\$12.00	\$12.62	\$31.00	\$13.31	\$6.00	\$0.00
Employee plus Children	\$14.00	\$15.28	\$37.00	\$15.69	\$6.00	\$0.00
Employee plus Family	\$20.00	\$20.59	\$52.00	\$21.05	\$9.50	\$0.00

¹ Please see the following pages if you are covering a domestic partner.

² Working partner premium is in addition to the premium shown above.



HMSA Bi-Weekly Pre-Tax vs Post-Tax Breakdown of Domestic Partner Coverage¹ Plan Year: 01/01/2026 – 12/31/2026

Coverage Election	Medical					
	HMSA HMO			HMSA PPO		
	Total Cost	Pre-Tax	Post-Tax	Total Cost	Pre-Tax	Post-Tax
Employee plus Domestic Partner (DP)	\$112.00	\$8.00	\$104.00	\$119.72	\$8.00	\$111.72
Employee plus Children (where only DP children are covered)	\$91.00	\$8.00	\$83.00	\$97.41	\$8.00	\$89.41
Employee Plus Family (where DP and at least one non-DP child are covered)	\$133.00	\$29.00	\$104.00	\$143.76	\$32.04	\$111.72
Employee Plus Family (where DP and only DP child(ren) are covered)	\$133.00	\$0.00	\$133.00	\$143.76	\$0.00	\$143.76
Employee Plus Family (where no DP and only DP child(ren) are covered)	\$133.00	\$50.00	\$83.00	\$143.76	\$54.35	\$89.41

Coverage Election	Dental						Vision		
	PPO Network			Open Network			Total Cost	Pre-Tax	Post-Tax
	Total Cost	Pre-Tax	Post-Tax	Total Cost	Pre-Tax	Post-Tax			
Employee plus Domestic Partner (DP)	\$12.00	\$6.00	\$6.00	\$31.00	\$17.00	\$14.00	\$6.00	\$3.50	\$2.50
Employee plus Children (where only DP children are covered)	\$14.00	\$6.00	\$8.00	\$37.00	\$17.00	\$20.00	\$6.00	\$3.50	\$2.50
Employee Plus Family (where DP and at least one non-DP child are covered)	\$20.00	\$14.00	\$6.00	\$52.00	\$38.00	\$14.00	\$9.50	\$7.00	\$2.50
Employee Plus Family (where DP and only DP child(ren) are covered)	\$20.00	\$6.00	\$14.00	\$52.00	\$18.00	\$34.00	\$9.50	\$4.50	\$5.00
Employee Plus Family (where no DP and only DP child(ren) are covered)	\$20.00	\$12.00	\$8.00	\$52.00	\$32.00	\$20.00	\$9.50	\$7.00	\$2.50

¹ You are responsible for paying both the pre-tax and the post-tax portion of the contribution.



**HMSA Bi-Weekly Imputed Income of Domestic Partner Coverage
Plan Year: 01/01/2026 – 12/31/2026**

Coverage Election	Medical	
	HMSA HMO	HMSA PPO
Employee plus Domestic Partner (DP)	\$274.99	\$271.62
Employee plus Children (where only DP children are covered)	\$181.10	\$177.73
Employee Plus Family (where DP and at least one non-DP child are covered)	\$274.99	\$271.62
Employee Plus Family (where DP and only DP child(ren) are covered)	\$510.71	\$507.34
Employee Plus Family (where no DP and only DP child(ren) are covered)	\$181.10	\$177.73

Coverage Election	Dental		Vision
	PPO Network	Open Network	
Employee plus Domestic Partner (DP)	\$5.31	\$6.36	\$0.00
Employee plus Children (where only DP children are covered)	\$7.97	\$8.74	\$0.00
Employee Plus Family (where DP and at least one non-DP child are covered)	\$5.31	\$6.36	\$0.00
Employee Plus Family (where DP and only DP child(ren) are covered)	\$13.28	\$15.10	\$0.00
Employee Plus Family (where no DP and only DP child(ren) are covered)	\$7.97	\$8.74	\$0.00