LOCAL GOV
health + wellness
SERVICE EXCELLENCE INNOVATION

Michael Gillespie, Chairman
David C. Hilyer, Chief Executive Officer

August 18, 2025

M E M O R A N D U M

TO: Local Government Units

FROM: Local Government Health Insurance Board

SUBJECT: 2026 Benefit Changes and Premiums

At the August 14, 2025 Board meeting, the Local Government Health Insurance Board (LGHIB) approved a 4.75% medical and dental premium increase for active employees, non-Medicare and Medicare retirees effective January 1, 2026. There will be no benefit changes to the current benefits for 2026. The LGHIB will be sending official premium assignment letters to participating units soon.

Local Government Health Insurance Program
CY2026 Premiums

Active Employee Premiums - Preferred	Single	Family	Total
Employee (dental)	$667		$667
Employee & dependent (dental)	$667	$959	$1,626
Employee (no dental)	$638		$638
Employee & dependent (no dental)	$638	$915	$1,553

Active Employee Premiums - Standard	Single	Family	Total
Employee (dental)	$730		$730
Employee & dependent (dental)	$730	$1,114	$1,844
Employee (no dental)	$701		$701
Employee & dependent (no dental)	$701	$1,070	$1,771

Retiree (not Medicare)	Single	Family	Total
Retiree (not Medicare) (dental)	$1,378		$1,378
Retiree (not Medicare) & dependent (not Medicare) (dental)	$1,378	$1,164	$2,542
Retiree (not Medicare) & dependent (Medicare) (dental)	$1,378	$221	$1,599
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	$1,378	$442	$1,820
Retiree (not Medicare) (no dental)	$1,349		$1,349
Retiree (not Medicare) & dependent (not Medicare) (no dental)	$1,349	$1,120	$2,469
Retiree (not Medicare) & dependent (Medicare) (no dental)	$1,349	$192	$1,541
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	$1,349	$384	$1,733

Retiree (Medicare)	Single	Family	Total
Retiree (Medicare) (dental)	$221		$221
Retiree (Medicare) & dependent (not Medicare) (dental)	$221	$957	$1,178
Retiree (Medicare) & dependent (Medicare) (dental)	$221	$221	$442
Retiree (Medicare) & 2 dependents (Medicare) (dental)	$221	$442	$663
Retiree (Medicare) (no dental)	$192		$192
Retiree (Medicare) & dependent (not Medicare) (no dental)	$192	$913	$1,105
Retiree (Medicare) & dependent (Medicare) (no dental)	$192	$192	$384
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	$192	$384	$576

COBRA - Preferred	Single	Family	Total
Employee (dental)	$680		$680
Medicare employee (dental)	$225		$225
Employee & dependent (not Medicare) (dental)	$680	$978	$1,658
Medicare employee & dependent (not Medicare) (dental)	$225	$978	$1,203
Medicare employee & dependent (Medicare) (dental)	$225	$225	$450
Employee & dependent (Medicare) (dental)	$680	$225	$905
Employee (no dental)	$651		$651
Medicare employee (no dental)	$196		$196
Employee & dependent (not Medicare) (no dental)	$651	$933	$1,584
Medicare employee & dependent (not Medicare) (no dental)	$196	$933	$1,129
Medicare employee & dependent (Medicare) (no dental)	$196	$196	$392
Employee & dependent (Medicare) (no dental)	$651	$196	$847

COBRA - Standard	Single	Family	Total
Employee (dental)	$745		$745
Medicare employee (dental)	$225		$225
Employee & dependent (not Medicare) (dental)	$745	$1,136	$1,881
Medicare employee & dependent (not Medicare) (dental)	$225	$1,136	$1,361
Medicare employee & dependent (Medicare) (dental)	$225	$225	$450
Employee & dependent (Medicare) (dental)	$745	$225	$970
Employee (no dental)	$715		$715
Medicare employee (no dental)	$196		$196
Employee & dependent (not Medicare) (no dental)	$715	$1,091	$1,806
Medicare employee & dependent (not Medicare) (no dental)	$196	$1,091	$1,287
Medicare employee & dependent (Medicare) (no dental)	$196	$196	$392
Employee & dependent (Medicare) (no dental)	$715	$196	$911

Retiree (not Medicare) COBRA	Single	Family	Total
Retiree (not Medicare) (dental)	$1,406		$1,406
Retiree (not Medicare) & dependent (not Medicare) (dental)	$1,406	$1,186	$2,592
Retiree (not Medicare) & dependent (Medicare) (dental)	$1,406	$225	$1,631
Retiree (not Medicare) & 2 dependents (Medicare) (dental)	$1,406	$450	$1,856
Retiree (not Medicare) (no dental)	$1,376		$1,376
Retiree (not Medicare) & dependent (not Medicare) (no dental)	$1,376	$1,142	$2,518
Retiree (not Medicare) & dependent (Medicare) (no dental)	$1,376	$196	$1,572
Retiree (not Medicare) & 2 dependents (Medicare) (no dental)	$1,376	$392	$1,768

Retiree (Medicare) COBRA	Single	Family	Total
Retiree (Medicare) (dental)	$225		$225
Retiree (Medicare) & dependent (not Medicare) (dental)	$225	$976	$1,201
Retiree (Medicare) & dependent (Medicare) (dental)	$225	$225	$450
Retiree (Medicare) & 2 dependents (Medicare) (dental)	$225	$450	$675
Retiree (Medicare) (no dental)	$196		$196
Retiree (Medicare) & dependent (not Medicare) (no dental)	$196	$931	$1,127
Retiree (Medicare) & dependent (Medicare) (no dental)	$196	$196	$392
Retiree (Medicare) & 2 dependents (Medicare) (no dental)	$196	$392	$588

COBRA Disabled - Preferred	Single	Family	Total
COBRA Disabled (dental)	$1,001		$1,001
COBRA Disabled Medicare (dental)	$332		$332
COBRA Disabled & dependent (dental)	$1,001	$978	$1,979
COBRA Disabled Medicare & dependent (dental)	$332	$978	$1,310
COBRA Disabled & dependent (Medicare) (dental)	$1,001	$225	$1,226
COBRA Disabled Medicare & dependent (Medicare) (dental)	$332	$225	$557
COBRA Disabled (no dental)	$957		$957
COBRA Disabled Medicare (no dental)	$288		$288
COBRA Disabled & dependent (no dental)	$957	$933	$1,890
COBRA Disabled Medicare & dependent (no dental)	$288	$933	$1,221
COBRA Disabled & dependent (Medicare) (no dental)	$957	$196	$1,153
COBRA Disabled Medicare & dependent (Medicare) (no dental)	$288	$196	$484

COBRA Disabled - Standard	Single	Family	Total
COBRA Disabled (dental)	$1,095		$1,095
COBRA Disabled Medicare (dental)	$332		$332
COBRA Disabled & dependent (dental)	$1,095	$1,136	$2,231
COBRA Disabled Medicare & dependent (dental)	$332	$1,136	$1,468
COBRA Disabled & dependent (Medicare) (dental)	$1,095	$225	$1,320
COBRA Disabled Medicare & dependent (Medicare) dental)	$332	$225	$557
COBRA Disabled (no dental)	$1,052		$1,052
COBRA Disabled Medicare (no dental)	$288		$288
COBRA Disabled & dependent (no dental)	$1,052	$1,091	$2,143
COBRA Disabled Medicare & dependent (no dental)	$288	$1,091	$1,379
COBRA Disabled & dependent (Medicare) (no dental)	$1,052	$196	$1,248
COBRA Disabled Medicare & dependent (Medicare) (no dental)	$288	$196	$484

Southland	Single	Family	Total
Vision	$12	$20	$20
Dental	$44	$44	$44
Cancer	$12	$24	$24

Southland - COBRA	Single	Family	Total
Vision	$12	$20	$20
Dental	$46	$46	$46
Cancer	$12	$24	$24