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