

**2025-26 MERITAIN 3400/6800 QHDHP Embedded HSA (Aetna Choice POS II - Standard)  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$342.00	\$121.00	\$66.00
Employee + Spouse	\$1400.00	\$700.00	\$350.00
Employee + Child(ren)	\$1450.00	\$725.00	\$362.50
Employee + Family	\$1500.00	\$750.00	\$375.00
Employee + Domestic Partner	\$1400.00	\$700.00	\$350.00

**2025-26 Meritain 3400/6800 QHDHP Embedded HSA (Aetna Whole Health - IHC)  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$342.00	\$121.00	\$66.00
Employee + Spouse	\$1400.00	\$700.00	\$350.00
Employee + Child(ren)	\$1450.00	\$725.00	\$362.50
Employee + Family	\$1500.00	\$750.00	\$375.00
Employee + Domestic Partner	\$1400.00	\$700.00	\$350.00

**2025-26 Meritain 3500/7000 Copay PPO Plan (Aetna Choice POS II - Standard)  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$1638.00	\$819.00	\$409.50
Employee + Spouse	\$2800.00	\$1400.00	\$700.00
Employee + Child(ren)	\$1450.00	\$725.00	\$630.00
Employee + Family	\$1500.00	\$750.00	\$375.00
Employee + Domestic Partner	\$2800.00	\$1400.00	\$700.00

**2025-26 Meritain 3500/7000 Copay PPO Plan (Aetna Whole Health - IHC)  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$1638.00	\$819.00	\$409.50
Employee + Spouse	\$2800.00	\$1400.00	\$700.00
Employee + Child(ren)	\$2520.00	\$1260.00	\$630.00
Employee + Family	\$4320.00	\$2160.00	\$1080.00
Employee + Domestic Partner	\$2800.00	\$1400.00	\$700.00

**2025-26 MERITAIN Voluntary High Dental Plan  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$84.000	\$42.00	\$21.00
Employee + Spouse	\$168.00	\$84.00	\$42.00
Employee + Child(ren)	\$240.00	\$120.00	\$60.00
Employee + Family	\$336.00	\$168.00	\$84.00
Employee + Domestic Partner	\$168.00	\$84.00	\$42.00

**2025-26 MERITAIN Voluntary Low Dental Plan  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$66.00	\$33.00	\$16.50
Employee + Spouse	\$132.00	\$66.00	\$33.00
Employee + Child(ren)	\$164.00	\$82.00	\$41.00
Employee + Family	\$244.00	\$122.00	\$61.00
Employee + Domestic Partner	\$132.00	\$66.00	\$33.00

**2025-26 MERITAIN Voluntary Vision Plan  
10/01/2025**

Coverage Level	Total Monthly Premium	Employee Monthly Cost	Employee Cost Per Pay Period
Employee	\$17.88	\$8.94	\$4.47
Employee + Spouse	\$33.24	\$16.62	\$8.31
Employee + Child(ren)	\$35.48	\$17.74	\$8.87
Employee + Family	\$54.28	\$27.14	\$13.57
Employee + Domestic Partner	\$33.24	\$16.62	\$8.31

**SUPPLEMENTAL BENEFITS OFFERED**

1. OWN MY HEALTH (Wellness)
2. GROUP TERM LIFE & AD&D (Employees receives an annual benefit of \$15,000.00 paid by employer)
3. GROUP SHORT-TERM DISABILITY
4. GROUP LONG-TERM DISABILITY
5. ACCIDENT INSURANCE
6. CRITICAL ILLNESS INSURANCE
7. HOSPITAL INDEMNITY INSURANCE
8. VOLUNTARY LIFE INSURANCE
9. PERMANENT LIFE INSURANCE