

2026 Rates Per Pay Check

Aetna Medical National	Aetna PPO 750	Aetna EPO 0	Aetna HDHP 2500
Employee Only	\$63.00	\$75.00	\$48.00
Employee + Spouse/DP	\$269.00	\$322.00	\$205.00
Employee + Children	\$219.00	\$262.00	\$168.00
Employee + Family	\$312.00	\$372.00	\$238.00

Kaiser Medical	HMO - CA North	HMO - CA South	HMO - Hawaii
Employee Only	\$53.00	\$38.00	\$0.00
Employee + Spouse/DP	\$205.00	\$151.00	\$113.00
Employee + Children	\$181.00	\$134.00	\$100.00
Employee + Family	\$269.00	\$199.00	\$148.00

Aetna Dental	Aetna Dental	Aetna Dental Plus
Employee Only	\$2.00	\$12.00
Employee + Spouse/DP	\$8.00	\$28.50
Employee + Children	\$8.00	\$28.50
Employee + Family	\$12.50	\$43.00

Aetna Vision	Aetna Vision	Aetna Vision Plus
Employee Only	\$0.25	\$2.50
Employee + Spouse/DP	\$0.75	\$5.25
Employee + Children	\$0.75	\$5.50
Employee + Family	\$1.25	\$8.25

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