

SANFORD HEALTH PLAN RATES			
SANFORD HEALTH PLAN- TRUE - FOCUS NETWORK- HMO			
Coverage	Plan	2024-2025 Monthly Premiums	2025-2026 Monthly Premiums
SINGLE COVERAGE	\$500 Deductible - single	\$792.44	eliminated
	\$1000 Deductible - single	\$754.44	\$799.76
	\$1650 HDHP HSA - single		\$754.58
	\$3250 / \$3500 HDHP HSA - single	\$610.81	\$633.55
FAMILY COVERAGE	\$500 Deductible - family	\$1,981.10	eliminated
	\$1000 Deductible - family	\$1,886.09	\$1,999.40
	\$1650 HDHP HSA - family		\$1,886.44
	\$3250 / \$3500 HDHP HSA - family	\$1,527.01	\$1,583.87

non-embedded- all  
to one maximum  
embedded - 1  
person to single  
max

SANFORD HEALTH PLAN SIGNATURE SERIES - BROAD NETWORK- PPO			
Coverage	Plan	2024-2025 Monthly Premiums	2025-2026 Monthly Premiums
SINGLE COVERAGE	\$500 Deductible - single	\$988.27	eliminated
	\$1000 Deductible - single	\$940.88	\$997.44
	\$1650 HDHP HSA - single		\$941.05
	\$3250 / \$3500 HDHP HSA - single	\$761.75	\$790.12
FAMILY COVERAGE	\$500 Deductible - family	\$2,470.68	eliminated
	\$1000 Deductible - family	\$2,352.20	\$2,493.61
	\$1650 HDHP HSA - family		\$2,352.63
	\$3250 / \$3500 HDHP HSA - family	\$1,904.38	\$1,975.29

non-embedded- all  
to one maximum  
embedded - 1  
person to single  
max

DENTAL RATES			
	Coverage	2024-2025 Monthly Premiums	2025-2026 Monthly Premiums
	Employee	\$39.72	\$42.90
	Employee+Spouse	\$81.78	\$88.32
	Employee+Child(ren)	\$106.82	\$115.36
	Family	\$155.44	\$167.88

VISION RATES			
Plan	Coverage	LOW PLAN	HIGH PLAN
2024-2025	Employee Only	\$6.20	\$9.32
	Employee +1	\$11.32	\$17.40
	Family	\$16.12	\$26.80
Plan	Coverage		2025-2026 Monthly Premiums
1 PLAN OFFERING 2025-2026	Employee Only		\$8.44
	Employee + Spouse		\$16.48
	Employee + Child(ren)		\$14.80
	Family		\$22.84

Wex Flex Fee HSA Account
Wex Flex Fee Flex Account

\$2.75 / month
\$3.75 / month