

**SANFORD HEALTH PLAN RATES**

**SANFORD HEALTH PLAN- TRUE - FOCUS NETWORK- HMO**

Coverage	Plan	2025-2026 Monthly Premiums	2026-2027 Monthly Premiums
<b>SINGLE COVERAGE</b>	\$1000 Deductible - single	\$799.76	\$871.80
	\$1700 HDHP HSA - single	\$754.58	\$822.53
	\$3500 HDHP HSA - single	\$633.55	\$690.57
<b>FAMILY COVERAGE</b>	\$1000 Deductible - family	\$1,999.40	\$2,179.51
	\$1700 (3500) HDHP HSA - family	\$1,886.44	\$2,056.34
	\$3500 HDHP HSA - family	\$1,583.87	\$1,726.43

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

**SANFORD HEALTH PLAN SIGNATURE SERIES - BROAD NETWORK- PPO**

Coverage	Plan	2025-2026 Monthly Premiums	2026-2027 Monthly Premiums
<b>SINGLE COVERAGE</b>	\$1000 Deductible - single	\$997.44	\$1,087.17
	\$1700 HDHP HSA - single	\$941.05	\$1,025.81
	\$3500 HDHP HSA - single	\$790.12	\$861.23
<b>FAMILY COVERAGE</b>	\$1000 Deductible - family	\$2,493.61	\$2,717.93
	\$1700 (3500) HDHP HSA - family	\$2,352.63	\$2,564.54
	\$3500 HDHP HSA - family	\$1,975.29	\$2,153.08

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

**DENTAL RATES**

	Coverage	2025-2026 Monthly Premiums	2026-2027 Monthly Premiums
	Employee	\$42.90	\$45.26
	Employee+Spouse	\$88.32	\$93.18
	Employee+Child(ren)	\$115.36	\$121.70
	Family	\$167.88	\$177.12

**VISION RATES**

Plan	Coverage	2025-2026 Monthly Premiums	2026-2027 Monthly Premiums
<b>1 PLAN OFFERING</b>	Employee	\$8.44	\$8.44
	Employee + Spouse	\$16.48	\$16.48
	Employee + Child(ren)	\$14.80	\$14.80
	Family	\$22.84	\$22.84

**Wex Flex Fee HSA Account**                      \$2.75 / month  
**Wex Flex Fee Flex Account**                      \$3.75 / month