## July 1, 2026 - June 30, 2027 Cigna Medical Plan Premiums

**Payroll Deductions for Biweekly Staff**

| Medical Plan | Coverage Level | WELLNESS | | NON-WELLNESS | | RATE INCREASE FOR NON-COMPLIANCE | |
|---|---|---|---|---|---|---|---|
| | | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction |
| OAP HSA (HDHP) | Employee Only | $1,339.20 | $51.51 | $2,819.28 | $108.43 | + $ 1,480.08 | + $ 56.93 |
| OAP HSA (HDHP) | Employee + Spouse | $5,304.36 | $204.01 | $8,264.52 | $317.87 | + $ 2,960.16 | + $ 113.85 |
| OAP HSA (HDHP) | Employee + Child | $3,442.32 | $132.40 | $4,922.40 | $189.32 | + $ 1,480.08 | + $ 56.93 |
| OAP HSA (HDHP) | Employee + Children | $4,669.92 | $179.61 | $6,150.00 | $236.54 | + $ 1,480.08 | + $ 56.93 |
| OAP HSA (HDHP) | Family | $7,981.68 | $306.99 | $10,941.84 | $420.84 | + $ 2,960.16 | + $ 113.85 |

| Medical Plan | Coverage Level | WELLNESS | | NON-WELLNESS | | RATE INCREASE FOR NON-COMPLIANCE | |
|---|---|---|---|---|---|---|---|
| | | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction |
| OAP-IN (HMO) | Employee Only | $2,135.52 | $82.14 | $3,615.60 | $139.06 | + $ 1,480.08 | + $ 56.93 |
| OAP-IN (HMO) | Employee + Spouse | $8,227.80 | $316.45 | $11,187.96 | $430.31 | + $ 2,960.16 | + $ 113.85 |
| OAP-IN (HMO) | Employee + Child | $5,003.16 | $192.43 | $6,483.24 | $249.36 | + $ 1,480.08 | + $ 56.93 |
| OAP-IN (HMO) | Employee + Children | $6,410.64 | $246.56 | $7,890.72 | $303.49 | + $ 1,480.08 | + $ 56.93 |
| OAP-IN (HMO) | Family | $11,007.96 | $423.38 | $13,968.12 | $537.24 | + $ 2,960.16 | + $ 113.85 |

| Medical Plan | Coverage Level | WELLNESS | | NON-WELLNESS | | RATE INCREASE FOR NON-COMPLIANCE | |
|---|---|---|---|---|---|---|---|
| | | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction | Annual Premium | Payroll Deduction |
| OAP (PPO) | Employee Only | $3,131.04 | $120.42 | $4,611.12 | $177.35 | + $ 1,480.08 | + $ 56.93 |
| OAP (PPO) | Employee + Spouse | $10,950.24 | $421.16 | $13,910.40 | $535.02 | + $ 2,960.16 | + $ 113.85 |
| OAP (PPO) | Employee + Child | $6,640.20 | $255.39 | $8,120.28 | $312.32 | + $ 1,480.08 | + $ 56.93 |
| OAP (PPO) | Employee + Children | $9,001.20 | $346.20 | $10,481.28 | $403.13 | + $ 1,480.08 | + $ 56.93 |
| OAP (PPO) | Family | $16,150.20 | $621.16 | $19,110.36 | $735.01 | + $ 2,960.16 | + $ 113.85 |

## Wellness Incentive Period: 7/1/25 - 10/31/25

Employees and their covered spouse/domestic partner are required to complete the Online Health Assessment no later than 11:59 PM on 10/31/26.

In addition, Cigna will confirm that an annual preventive exam was completed on or after 7/1/25.

** Please note: Failure to complete both the assessment and the exam will result in a change to the non-wellness premium rate for your medical plan. This change will begin in December 2026.*