Medical and Preventative and Optional Dental Rates

for active full-time benefited employees effective January 1, 2026

All premiums are monthly for full-time employees with a 0.75 FTE or above.

Employees working less than 30 hours per week will have approximately half of the contribution from the State. See back page.

Coverage is effective the first day of the month following your date of hire, if enrolled within 31 days of eligibility.

$900 deductible per individual/$1,800 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution for Full-Time Employee	Full-Time Employee Contribution	Deduct: State Contribution for < 30 hrs a week	Part-Time Employee Contribution
Employee Only	$1,118.25	$24.34	$20.65	$1,163.24	$956.57	**$206.67**	$478.29	**$684.95**
Employee plus Child(ren)	$1,697.95	$53.76	$48.40	$1,800.11	$1,456.05	**$344.06**	$728.03	**$1,072.08**
Employee plus Spouse	$2,251.43	$53.76	$48.40	$2,353.59	$1,909.90	**$443.69**	$954.95	**$1,398.64**
Family (employee, spouse and child(ren))	$2,590.62	$53.76	$48.40	$2,692.78	$2,188.04	**$504.74**	$1,094.02	**$1,598.76**
Split (both spouses employed by UW/State and have child(ren))	$1,295.31	$26.88	$24.20	$1,346.39	$1,103.84	**$242.55**	$551.92	**$794.47**

$2,000 deductible per individual/$4,000 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution for Full-Time Employee	Full-Time Employee Contribution	Deduct: State Contribution for < 30 hrs a week	Part-Time Employee Contribution
Employee Only	$1,036.55	$24.34	$20.65	$1,081.54	$956.57	**$124.97**	$478.29	**$603.25**
Employee plus Child(ren)	$1,573.51	$53.76	$48.40	$1,675.67	$1,456.05	**$219.62**	$728.03	**$947.64**
Employee plus Spouse	$2,086.41	$53.76	$48.40	$2,188.57	$1,909.90	**$278.67**	$954.95	**$1,233.62**
Family (employee, spouse and child(ren))	$2,399.10	$53.76	$48.40	$2,501.26	$2,188.04	**$313.22**	$1,094.02	**$1,407.24**
Split (both spouses employed by UW/State and have child(ren))	$1,199.55	$26.88	$24.20	$1,250.63	$1,103.84	**$146.79**	$551.92	**$698.71**

$4,000 deductible per individual/$8,000 per family

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution for Full-Time Employee	Full-Time Employee Contribution	Deduct: State Contribution for < 30 hrs a week	Part-Time Employee Contribution
Employee Only	$955.62	$24.34	$20.65	$1,000.61	$956.57	**$44.04**	$478.29	**$522.32**
Employee plus Child(ren)	$1,451.00	$53.76	$48.40	$1,553.16	$1,456.05	**$97.11**	$728.03	**$825.13**
Employee plus Spouse	$1,923.99	$53.76	$48.40	$2,026.15	$1,909.90	**$116.25**	$954.95	**$1,071.20**
Family (employee, spouse and child(ren))	$2,214.12	$53.76	$48.40	$2,316.28	$2,188.04	**$128.24**	$1,094.02	**$1,222.26**
Split (both spouses employed by UW/State and have child(ren))	$1,107.06	$26.88	$24.20	$1,158.14	$1,103.84	**$54.30**	$551.92	**$606.22**

$1,700 deductible (High Deductible Health Plan)

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution for Full-Time Employee	Full-Time Employee Contribution	Deduct: State Contribution for < 30 hrs a week	Part-Time Employee Contribution
Employee Only	$1,036.74	$24.34	$20.65	$1,081.73	$956.57	**$125.16**	$478.29	**$603.44**

$3,400 deductible (High Deductible Health Plan)

	Health Premium	Preventive Dental Premium	Optional Dental Premium	Total Premium Per Month	Deduct: State Contribution for Full-Time Employee	Full-Time Employee Contribution	Deduct: State Contribution for < 30 hrs a week	Part-Time Employee Contribution
Employee plus Child(ren)	$1,571.16	$53.76	$48.40	$1,673.32	$1,456.05	**$217.27**	$728.03	**$945.29**
Employee plus Spouse	$2,083.31	$53.76	$48.40	$2,185.47	$1,909.90	**$275.57**	$954.95	**$1,230.52**
Family (employee, spouse and child(ren))	$2,401.92	$53.76	$48.40	$2,504.08	$2,188.04	**$316.04**	$1,094.02	**$1,410.06**
Split (both spouses employed by UW/State and have child(ren))	$1,200.96	$26.88	$24.20	$1,252.04	$1,103.84	**$148.20**	$551.92	**$700.12**