

2026 DOMESTIC FULL-TIME RATES

Monthly, pre-tax employee contribution rates are shown; divide rate by two to obtain biweekly, pre-tax rates.

MEDICAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	PPO Option 1	PPO Option 2	Highmark EPO / UPMC HMO	High-Deductible PPO with HSA
Employee Only				
Highmark	\$286	\$212	\$107	\$134
UPMC	\$123	\$51	\$89	\$27
Employee and 1 Child				
Highmark	\$597	\$471	\$570	\$342
UPMC	\$318	\$202	\$438	\$91
Employee and 2+ Children				
Highmark	\$685	\$545	\$712	\$401
UPMC	\$374	\$244	\$546	\$120
Employee and Spouse/Domestic Partner				
Highmark	\$773	\$619	\$852	\$460
UPMC	\$429	\$286	\$636	\$150
Family				
Highmark	\$1,129	\$915	\$1,322	\$697
UPMC	\$654	\$454	\$939	\$269

PRESCRIPTION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Option A *	Option B
Employee Only	\$293	\$17
Employee and 1 Child	\$538	\$71
Employee and 2+ Children	\$609	\$86
Employee and Spouse/ Domestic Partner	\$678	\$101
Family	\$957	\$161

*Plan available only to existing enrollees

DENTAL PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	DHMO	Standard PPO	Enhanced PPO
Employee Only	\$13.94	\$13.68	\$33.54
Family	\$55.12	\$49.32	\$106.30

VISION PLAN EMPLOYEE CONTRIBUTIONS

Coverage Level	Davis Option 1	Davis Option 2	VBA Option 1	VBA Option 2
Employee	\$1.06	\$4.24	\$1.30	\$4.42
Family	\$6.36	\$17.48	\$7.78	\$18.18