

**PEIA Health Rates 2023-2024**

**PEIA Health Rates 2025-2026**

Coverage	Plan Option	Monthly Tobacco Rates	Employee Tobacco Rate	Monthly Tobacco Free Rates	Employee Tobacco Free Rate
Employee Only	PPB Plan A	\$ 863.00	\$86.30	\$838.00	\$83.80
Employee & Children	PPB Plan A	\$1,538.00	\$153.80	\$1,488.00	\$148.80
Family	PPB Plan A	\$1,839.00	\$183.90	\$1,789.00	\$178.90
Employee Only	PPB Plan B	\$764.00	\$76.40	\$739.00	\$73.90
Employee & Children	PPB Plan B	\$1,352.00	\$135.20	\$1,302.00	\$130.20
Family	PPB Plan B	\$1,615.00	\$161.50	\$1,565.00	\$156.50
Employee Only	PPB Plan C	\$550.00	\$55.00	\$525.00	\$52.50
Employee & Children	PPB Plan C	\$837.00	\$83.70	\$787.00	\$78.70
Family	PPB Plan C	\$1,140.00	\$114.00	\$1,090.00	\$109.00
Employee Only	PPB Plan D	\$814.00	\$81.40	\$789.00	\$78.90
Employee & Children	PPB Plan D	\$1,428.00	\$142.80	\$1,378.00	\$137.80
Family	PPB Plan D	\$1,650.00	\$165.00	\$1,600.00	\$160.00
Employee Only	HMO Plan A	\$1,126.00	\$112.60	\$1,101.00	\$110.10
Employee & Children	HMO Plan A	\$1,568.00	\$156.80	\$1,518.00	\$151.80
Family	HMO Plan A	\$2,583.00	\$258.30	\$2,533.00	\$253.30
Employee Only	HMO Plan B	\$716.00	\$71.60	\$691.00	\$69.10
Employee & Children	HMO Plan B	\$1,037.00	\$103.70	\$987.00	\$98.70
Family	HMO Plan B	\$1,711.00	\$171.10	\$1,661.00	\$166.10
Employee Only	Plan PPO	\$775.00	\$77.50	\$750.00	\$75.00
Employee & Children	Plan PPO	\$1,155.00	\$115.50	\$1,105.00	\$110.50
Family	Plan PPO	\$1,861.00	\$186.10	\$1,811.00	\$181.10

**Guardian Dental/Vision Rates**

Coverage	Exam Plus	Full Feature
Single	\$2.77	\$6.83
Family	\$7.73	\$16.47