PEIA Health Rates 2025-2026 Coverage Pian Option Monthly Tobacco Rates Employee Tobacco Rate Monthly Tobacco Free Rates Employee Only PPB Plan A \$ 863.00 \$ \$838.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	PEIA Health Rates 202	3-2024				ļ
Plan Option Monthly Tobacco Rates Employee Tobacco Rate Monthly Tobacco Free Rates Employee Only PPB Plan A \$ 863.00 \$86.30 \$888.00 Employee & Children PPB Plan A \$1,538.00 \$153.80 \$1,488.00 Family PPB Plan A \$1,538.00 \$153.80 \$1,488.00 Family PPB Plan B \$1,538.00 \$153.80 \$1,789.00 Employee Only PPB Plan B \$1,352.00 \$133.20 \$1,302.00 Employee & Children PPB Plan B \$1,461.500 \$135.20 \$1,302.00 Family PPB Plan C \$550.00 \$550.00 \$550.00 Employee Only PPB Plan C \$1,4140.00 \$141.40 \$1,090.00 Employee Only PPB Plan C \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,101.00 Employee Children PPB Plan D \$1,565.00 \$116.500 \$11,010.00 Employee Children PPB Plan D \$1,428.00 \$142.80 \$1,378.00						
Employee & Children PPB Plan A \$1,538.00 \$153.80 \$1,488.00 Family PPB Plan A \$1,839.00 \$183.90 \$17,789.00 Family PPB Plan B \$764.00 \$76.40 \$739.00 Employee Only PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Family PPB Plan B \$1,615.00 \$161.50 \$1,565.00 Employee Only PPB Plan C \$555.00 \$552.00 \$5787.00 Family PPB Plan C \$1,440.00 \$114.00 \$11,000.00 Family PPB Plan D \$142.80 \$142.80 \$1,378.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Employee Only PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family HMO Plan A \$1,256.00 \$142.80 \$1,518.00 Employee Only HMO Plan A	Coverage		Monthly Tobacco Rates	Employee Tobacco Rate	Monthly Tobacco Free Rates	
Family PPB Plan A \$1,839.00 \$183.90 \$1,789.00 Employee Only PPB Plan B \$776.40 \$739.00 Employee & Children PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Family PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Family PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Employee Only PPB Plan C \$550.00 \$555.00 \$525.00 Employee Children PPB Plan C \$1,140.00 \$114.00 \$114.00 Employee Only PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Employee Only PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Employee Only HMO Plan A \$1,568.00 \$155.00 \$12.60 Employee Only HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Children HMO Plan B \$1,037.00 \$103.70 \$987.00 Family HMO Plan B </td <td>Employee Only</td> <td>PPB Plan A</td> <td>\$ 863.00</td> <td>\$86.30</td> <td>\$838.00</td> <td>)</td>	Employee Only	PPB Plan A	\$ 863.00	\$86.30	\$838.00)
Employee Only PPB Plan B \$764.00 \$76.40 \$739.00 Employee & Children PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Family PPB Plan B \$1,615.00 \$161.50 \$1,302.00 Employee Only PPB Plan B \$1,615.00 \$161.50 \$1,55.00 Employee Only PPB Plan C \$550.00 \$55.00 \$525.00 Employee & Children PPB Plan C \$837.00 \$83.70 \$787.00 Family PPB Plan C \$1,140.00 \$114.00 \$1,090.00 Employee Only PPB Plan D \$814.00 \$142.80 \$1,378.00 Employee Only PPB Plan D \$1,260.00 \$142.80 \$1,378.00 Employee Only PPB Plan D \$1,260.00 \$165.00 \$165.00 Employee Only HMO Plan A \$1,268.00 \$165.80 \$1,518.00 Employee Only HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Children HMO Plan B \$1,037.00 \$103.70 \$987.00 Fa	Employee & Children	PPB Plan A	\$1,538.00	\$153.80	\$1,488.00)
Employee & Children PPB Plan B \$1,352.00 \$135.20 \$1,302.00 Family PPB Plan B \$1,615.00 \$161.50 \$1,565.00 Employee Only PPB Plan C \$550.00 \$550.00 \$525.00 Employee & Children PPB Plan C \$837.00 \$83.70 \$787.00 Family PPB Plan C \$1,140.00 \$114.00 \$1090.00 Family PPB Plan D \$814.00 \$81.40 \$789.00 Family PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Employee Only PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,260.00 \$142.80 \$1,378.00 Employee Only HMO Plan A \$1,126.00 \$112.60 \$1,101.00 Employee Only HMO Plan A \$1,568.00 \$103.70 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$103.70 \$987.00 Family </td <td>Family</td> <td>PPB Plan A</td> <td>\$1,839.00</td> <td>\$183.90</td> <td>\$1,789.00</td> <td>)</td>	Family	PPB Plan A	\$1,839.00	\$183.90	\$1,789.00)
Family PPB Plan B \$1,615.00 \$161.50 \$1,565.00 Employee Only PPB Plan C \$550.00 \$55.00 \$525.00 Employee & Children PPB Plan C \$837.00 \$83.70 \$787.00 Family PPB Plan C \$114.00 \$114.00 \$114.00 \$114.00 Employee Only PPB Plan D \$114.00 \$114.00 \$114.00 \$114.00 Employee Only PPB Plan D \$114.00 \$114.00 \$114.00 \$114.00 Employee Only PPB Plan D \$114.00 \$114.00 \$114.00 \$114.00 Employee Only PPB Plan D \$11,428.00 \$142.80 \$1,378.00 \$165.00 Employee Only HMO Plan A \$1,568.00 \$12.60 \$112.60 \$112.60 Employee Only HMO Plan A \$2,583.00 \$258.30 \$2,533.00 \$258.30 Employee Only HMO Plan B \$1,037.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,155.00 \$115.50 \$1,106.00 Em	Employee Only	PPB Plan B	\$764.00	\$76.40	\$739.00)
Employee Only PPB Plan C \$550.00 \$55.00 \$525.00 Employee & Children PPB Plan C \$837.00 \$83.70 \$787.00 Family PPB Plan C \$1,140.00 \$114.00 \$114.00 \$1,090.00 Employee Only PPB Plan D \$814.00 \$142.80 \$142.80 \$1,378.00 Employee & Children PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,650.00 \$165.00 \$165.00 \$1,000.00 Employee Only PPB Plan D \$1,260.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,260.00 \$165.00 \$165.00 \$1,000.00 Employee Only HMO Plan A \$1,260.00 \$12.60 \$1,01.00 \$12,563.00 \$258.30 \$2,533.00 \$258.30 \$2,533.00 \$258.30 \$2,533.00 \$258.30 \$2,533.00 \$258.30 \$2,533.00 \$26.91.00 \$103.70 \$987.00 \$71.60 \$71.60 \$691.00 \$71.00 \$103.70 \$987.00 \$71.10 \$1,61.00	Employee & Children	PPB Plan B	\$1,352.00	\$135.20	\$1,302.00)
Employee & Children PPB Plan C \$837.00 \$83.70 \$787.00 Family PPB Plan C \$1,140.00 \$114.00 \$10,90.00 Employee Only PPB Plan D \$814.00 \$81.40 \$787.00 Employee & Children PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,650.00 \$165.00 \$1,600.00 Employee Only HMO Plan A \$1,126.00 \$112.60 \$1,101.00 Employee & Children HMO Plan A \$1,558.00 \$156.80 \$1,518.00 Employee Only HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,037.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,110.00 \$171.10 \$11.661.00 Employee Only Plan PPO \$775.00 \$775.00 \$750.00 Employee Only Plan PPO \$1,861.00 \$186.10 \$1,811.00 G	Family	PPB Plan B	\$1,615.00	\$161.50	\$1,565.00)
Family PPB Plan C \$1,140.00 \$114.00 \$114.00 Employee Only PPB Plan D \$814.00 \$114.00 \$114.00 Employee Only PPB Plan D \$814.00 \$81.40 \$789.00 Employee & Children PPB Plan D \$14,28.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,650.00 \$165.00 \$1,600.00 Employee Only HMO Plan A \$1,568.00 \$112.60 \$1,101.00 Employee & Children HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$1,037.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,711.00 \$117.10 \$1,661.00 Employee Only HMO Plan B \$1,711.00 \$103.70 \$987.00 Family HMO Plan B \$1,155.00 \$177.50 \$750.00 Employee Only Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$683 \$683	Employee Only	PPB Plan C	\$550.00	\$55.00	\$525.00)
Employee Only PPB Plan D \$814.00 \$81.40 \$789.00 Employee & Children PPB Plan D \$1,428.00 \$142.80 \$142.80 \$1,378.00 Family PPB Plan D \$1,650.00 \$165.00 \$165.00 \$1,600.00 Employee Only HMO Plan A \$1,126.00 \$112.60 \$1,101.00 Employee & Children HMO Plan A \$1,568.00 \$156.80 \$1,518.00 Family HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$1,037.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Employee Only HMO Plan B \$1,711.00 \$175.00 \$775.00 \$775.00 Employee Only Plan PPO \$1,155.00 \$115.50 \$1,105.00 \$11.00.00 Employee Children Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Exam Plus Full Feature \$6.83 \$6.83	Employee & Children	PPB Plan C	\$837.00	\$83.70	\$787.00)
Employee & Children PPB Plan D \$1,428.00 \$142.80 \$1,378.00 Family PPB Plan D \$1,650.00 \$165.00 \$1,600.00 Employee Only HMO Plan A \$1,126.00 \$112.60 \$11,01.00 Employee & Children HMO Plan A \$1,568.00 \$156.80 \$1,518.00 Family HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$71.60 \$691.00 Employee & Children HMO Plan B \$1,711.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,711.00 \$171.60 \$750.00 Employee Only HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Employee Only Plan PPO \$175.00 \$77.50 \$750.00 Employee & Children Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$6.83 \$1.51.50	Family	PPB Plan C	\$1,140.00	\$114.00	\$1,090.00)
Family PPB Plan D \$1,650.00 \$165.00 \$1,600.00 Employee Only HMO Plan A \$1,126.00 \$112.60 \$11,101.00 Employee & Children HMO Plan A \$1,568.00 \$125.80 \$1,518.00 Family HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$103.70 \$691.00 Employee & Children HMO Plan B \$1,711.00 \$103.70 \$987.00 Employee Only HMO Plan B \$1,711.00 \$117.10 \$1,661.00 Employee Only HMO Plan B \$1,1037.00 \$103.70 \$987.00 Family HMO Plan B \$1,1037.00 \$103.70 \$987.00 Family HMO Plan B \$1,1037.00 \$103.70 \$987.00 Employee Only Plan PPO \$1,155.00 \$115.50 \$1,105.00 Employee & Children Plan PPO \$1,861.00 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$6.83	Employee Only	PPB Plan D	\$814.00	\$81.40	\$789.00)
Employee Only HMO Plan A \$1,126.00 \$112.60 \$1,101.00 Employee & Children HMO Plan A \$1,568.00 \$156.80 \$1,518.00 Family HMO Plan A \$2,583.00 \$258.30 \$22,533.00 Employee Only HMO Plan B \$716.00 \$71.60 \$691.00 Employee Conly HMO Plan B \$1,037.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Employee Only HMO Plan B \$1,755.00 \$77.50 \$750.00 Family Plan PPO \$1,861.00 \$115.50 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$68.83 \$68.83	Employee & Children	PPB Plan D	\$1,428.00	\$142.80	\$1,378.00)
Employee & Children HMO Plan A \$1,568.00 \$156.80 \$1,518.00 Family HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$71.60 \$691.00 Employee & Children HMO Plan B \$1,711.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$1771.10 \$1,661.00 Employee Only HMO Plan B \$1,715.00 \$171.10 \$1,661.00 Family HMO Plan B \$1,715.00 \$177.50 \$750.00 Employee Only Plan PPO \$1,861.00 \$115.50 \$1,105.00 Employee & Children Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$6.83 \$10	Family	PPB Plan D	\$1,650.00	\$165.00	\$1,600.00)
Family HMO Plan A \$2,583.00 \$258.30 \$2,533.00 Employee Only HMO Plan B \$716.00 \$71.60 \$691.00 Employee & Children HMO Plan B \$1,037.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Family HMO Plan B \$1,711.00 \$1775.00 \$103.70 \$103.70 Employee Only Plan PPO \$775.00 \$1775.00 \$115.50 \$1,105.00 Employee & Children Plan PPO \$1,861.00 \$1186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$100	Employee Only	HMO Plan A	\$1,126.00	\$112.60	\$1,101.00)
Employee Only HMO Plan B \$716.00 \$71.60 \$691.00 Employee & Children HMO Plan B \$1,037.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Family HMO Plan B \$1,711.00 \$177.50 \$775.00 Employee Only Plan PPO \$775.00 \$77.50 \$750.00 Employee & Children Plan PPO \$1,155.00 \$115.50 \$1,105.00 Family Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$6.83	Employee & Children	HMO Plan A	\$1,568.00	\$156.80	\$1,518.00)
Employee & Children HMO Plan B \$1,037.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$103.70 \$987.00 Family HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Employee Only Plan PPO \$775.00 \$77.50 \$750.00 Employee & Children Plan PPO \$1,155.00 \$115.50 \$1,105.00 Family Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$6.83 \$6.83	Family	HMO Plan A	\$2,583.00	\$258.30	\$2,533.00)
Family HMO Plan B \$1,711.00 \$171.10 \$1,661.00 Employee Only Plan PPO \$775.00 \$77.50 \$775.00 Employee & Children Plan PPO \$1,155.00 \$115.50 \$1,105.00 Family Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature Family \$6.83	Employee Only	HMO Plan B	\$716.00	\$71.60	\$691.00)
Image: Single Full Feature Single \$2.77 \$6.83	Employee & Children	HMO Plan B	\$1,037.00	\$103.70	\$987.00)
Employee & Children Plan PPO \$1,155.00 \$115.50 \$1,05.00 Family Plan PPO \$1,861.00 \$186.10 \$1,811.00 Guardian Dental/Vision Rates Full Feature \$1000000000000000000000000000000000000	Family	HMO Plan B	\$1,711.00	\$171.10	\$1,661.00)
FamilyPlan PPO\$1,861.00\$186.10\$1,811.00Guardian Dental/Vision RatesFull FeatureFull FeatureCoverageExam PlusFull FeatureSingle\$2.77\$6.83	Employee Only	Plan PPO	\$775.00	\$77.50	\$750.00)
Guardian Dental/Vision Rates Coverage Exam Plus Full Feature Single \$2.77 \$6.83	Employee & Children	Plan PPO	\$1,155.00	\$115.50	\$1,105.00)
CoverageExam PlusFull FeatureSingle\$2.77\$6.83	Family	Plan PPO				
Single \$2.77 \$6.83	Guardian Dental/Visio	n Rates				
	Coverage	Exam Plus	Full Feature			
Family \$7.73 \$16.47	Single	\$2.77				
	Family	\$7.73	\$16.47			