



RATES

2026 EMPLOYEE CONTRIBUTIONS – FOP FULL TIME

JANUARY 1 - DECEMBER 31, 2026

Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	City Contribution	\$250 Ded PPO	Monthly Employee Contribution		
			HDHP HSA PPO	City HSA Contribution	
				Monthly	Annual
Employee Only	\$1,066.97	\$0.00	\$0.00	\$349.73	\$4,196.76
Employee + Spouse/RDP*	\$2,078.29	\$0.00	\$0.00	\$699.01	\$8,388.12
Employee + Child	\$1,580.18	\$0.00	\$0.00	\$530.97	\$6,371.64
Employee + Children	\$2,000.49	\$0.00	\$0.00	\$679.46	\$8,153.52
Family (1 Child)	\$2,591.48	\$0.00	\$0.00	\$729.17	\$8,750.00
Family (Children)	\$3,011.82	\$0.00	\$0.00	\$729.17	\$8,750.00

DENTAL COVERAGE

Coverage Tier	Monthly Employee Contribution	
	Delta Dental PPO	
Employee Only	\$0	
Employee + Spouse/RDP*	\$0	
Employee + Child(ren)	\$0	
Family	\$0	

VISION COVERAGE

Coverage Tier	Monthly Employee Contribution	
	Vision Service Provider (VSP)	
Employee Only	\$0	
Employee + Spouse/RDP*	\$0	
Employee + Child(ren)	\$0	
Family	\$0	

OPT-OUT INCENTIVE AMOUNTS

Category	Monthly	Annual
Employee	\$150	\$1,800
Spouse	\$150	\$1,800
1 Child	\$75	\$900
2nd + Child	\$75	\$900

- Payable as a taxable benefit
- Capped at 1 Spouse and 2 children (\$450 per month)

***Registered Domestic Partner (RDP) Contributions:** Your contributions to cover an RDP are the same as those to cover a legal spouse. However, because of Internal Revenue Code (IRC) restrictions, in most cases, the fair market value of your RDP's or RDP's children's (if they are not federal tax dependents) healthcare coverage will be taxable to you as imputed income. This value is determined by the amount that The Company pays in premium for RDP coverage. This amount raises your taxable gross income. Also, the payroll deductions to cover an RDP must be taken on an after-tax basis.