

# Per Pay Medical Premiums 2025-2026

	Tiered PPO Plan	HDHP/HSA Plan
<b>Employee Coverage</b>		
20 Pay Schedule	\$134.65	\$126.32
24 Pay Schedule	\$112.21	\$105.27
<b>Employee + Spouse/DP*</b>		
20 Pay Schedule	\$323.09	\$332.15
24 Pay Schedule	\$269.24	\$276.79
<b>Employee + 1 or 2 Children</b>		
20 Pay Schedule	\$242.35	\$332.15
24 Pay Schedule	\$201.96	\$276.79
<b>Family Coverage*</b>		
20 Pay Schedule	\$354.08	\$332.15
24 Pay Schedule	\$295.07	\$276.79

**Note:** A per pay surcharge will apply for spouses/domestic partners eligible for medical coverage through their employer, but elect Columbus State's plan as primary coverage. The total cost will be \$1,200 annually.

# Per Pay Dental + Vision Plan Premiums 2025-2026

	Delta Dental PPO Plan	Delta Dental Buy-Up Plan	VSP Vision Plan
<b>Employee Coverage</b>			
20 Pay Schedule	\$4.81	\$6.58	\$2.20
24 Pay Schedule	\$4.01	\$5.48	\$1.83
<b>Employee + Spouse/DP</b>			
20 Pay Schedule	\$13.65	\$12.83	\$6.05
24 Pay Schedule	\$11.38	\$10.69	\$5.05
<b>Employee + 1 or 2 Children</b>			
20 Pay Schedule	\$13.65	\$17.06	\$6.05
24 Pay Schedule	\$11.38	\$14.21	\$5.05
<b>Family Coverage</b>			
20 Pay Schedule	\$13.65	\$23.44	\$6.05
24 Pay Schedule	\$11.38	\$19.53	\$5.05