



Borough Employee Health Plan

Employee Monthly Contribution Rates

Plan 1

Annual Deductible:

- \$500 Individual
- \$1500 Family

Out of Pocket Limits:

- \$2500 Individual
- \$7500 Family

		Medical/RX Only	Med/RX/ Dental/Vision	Dental/Vision Only
July 2026 - June 2027	Employee Only	\$228	\$243	\$15
	Employee & Children	\$346	\$369	\$23
	Employee & Spouse	\$457	\$487	\$30
	Employee & Family	\$617	\$658	\$41
July 2027 - June 2028	Employee Only	\$247	\$263	\$16
	Employee & Children	\$374	\$399	\$25
	Employee & Spouse	\$493	\$526	\$33
	Employee & Family	\$665	\$709	\$44

Plan 2

Annual Deductible:

- \$1500 Individual
- \$3000 Family

Out of Pocket Limits:

- \$3500 Individual
- \$9000 Family

HRA:

- \$500 Individual
- \$1000 Family

		Medical/RX Only	Med/RX/ Dental/Vision	Dental/Vision Only
July 2026 - June 2027	Employee Only	\$192	\$207	\$15
	Employee & Children	\$292	\$315	\$23
	Employee & Spouse	\$385	\$415	\$30
	Employee & Family	\$519	\$560	\$41
July 2027 - June 2028	Employee Only	\$208	\$224	\$16
	Employee & Children	\$315	\$340	\$25
	Employee & Spouse	\$416	\$449	\$33
	Employee & Family	\$561	\$605	\$44

Plan 3

Annual Deductible:

- \$3000 Individual
- \$6000 Family

Out of Pocket Limits:

- \$5000 Individual
- \$12,000 Family

HRA:

- \$1000 Individual
- \$2000 Family

		Medical/RX Only	Med/RX/ Dental/Vision	Dental/Vision Only
July 2026 - June 2027	Employee Only	\$157	\$172	\$15
	Employee & Children	\$237	\$260	\$23
	Employee & Spouse	\$313	\$343	\$30
	Employee & Family	\$423	\$464	\$41
July 2027 - June 2028	Employee Only	\$169	\$185	\$16
	Employee & Children	\$256	\$281	\$25
	Employee & Spouse	\$338	\$371	\$33
	Employee & Family	\$457	\$501	\$44