CAPCOM®

CAPCOM GROUP HEALTH PREMIUMS - 2026				2025 Health Premiums		
CONFIDENTIAL CAPCOM LEVEL 2	Monthly			Monthly		
	2026 Premium	Employer Cost $	2026 Employee Cost $	2025 Premium	Employer Cost $	2025 Employee Cost $
MEDICAL				**MEDICAL**		
AETNA PPO				**AETNA PPO**		
EMPLOYEE ONLY	1,220.85	1,108.85	**112.00**	1,119.99	1,007.99	**112.00**
EMPLOYEE + SPOUSE	2,563.81	2,205.41	**358.40**	2,352.00	1,993.60	**358.40**
EMPLOYEE + CHILD(REN)	2,319.62	2,006.02	**313.60**	2,127.98	1,814.38	**313.60**
EMPLOYEE + FAMILY	3,662.60	3,102.60	**560.00**	3,360.01	2,800.01	**560.00**
KAISER HMO				**KAISER HMO**		
EMPLOYEE ONLY	960.41	874.61	**85.80**	858.04	772.24	**85.80**
EMPLOYEE + SPOUSE	2,112.91	1,821.21	**291.70**	1,887.67	1,595.94	**291.73**
EMPLOYEE + CHILD(REN)	1,920.82	1,663.42	**257.40**	1,716.06	1,458.65	**257.41**
EMPLOYEE + FAMILY	2,881.23	2,452.23	**429.00**	2,574.09	2,145.08	**429.00**
DENTAL				**DENTAL**		
MUTUAL OF OMAHA DENTAL				**Mutual of Omaha**		
EMPLOYEE ONLY	50.94	45.99	**4.95**	49.46	44.51	**4.95**
EMPLOYEE + SPOUSE	103.40	88.25	**15.15**	100.39	85.26	**15.15**
EMPLOYEE + CHILD(REN)	134.83	113.58	**21.25**	130.90	109.67	**21.25**
EMPLOYEE + FAMILY	200.20	166.30	**33.90**	194.37	160.44	**33.90**
VISION				**VISION**		
VSP VISION PLAN				**Vision Service Plan**		
EMPLOYEE ONLY	12.37	11.07	**1.26**	12.56	11.30	**1.25**
EMPLOYEE + 1	19.21	16.51	**2.65**	19.51	16.86	**2.65**
EMPLOYEE + 2	30.47	25.47	**4.93**	30.95	26.02	**4.95**

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