

PEIA Health Rates 2026-2027

Coverage	Plan Option	Monthly Tobacco Rates	Employee Tobacco Rate (per pay period)	Monthly Tobacco Free Rates	Employee Tobacco Free Rate (per pay period)
Employee Only	PPB Gold	\$ 890.00	\$89.00	\$ 865.00	\$86.50
Employee & Children	PPB Gold	\$ 1,539.00	\$153.90	\$ 1,489.00	\$148.90
Family	PPB Gold	\$ 1,899.00	\$189.90	\$ 1,849.00	\$184.90
Employee Only	PPB Silver	\$ 777.00	\$77.70	\$752.00	\$75.20
Employee & Children	PPB Silver	\$ 1,352.00	\$135.20	\$1,302.00	\$130.20
Family	PPB Silver	\$ 1,663.00	\$166.30	\$1,613.00	\$161.30
Employee Only	PPB Gold HD	\$ 578.00	\$57.85	\$553.00	\$55.30
Employee & Children	PPB Gold HD	\$ 849.00	\$84.90	\$799.00	\$79.90
Family	PPB Gold HD	\$ 1,198.00	\$119.80	\$1,148.00	\$114.80
Employee Only	PPB WV Bronze HD	\$ 530.00	\$53.00	\$505.00	\$50.50
Employee & Children	PPB WV Bronze HD	\$ 813.00	\$81.30	\$763.00	\$763.00
Family	PPB WV Bronze HD	\$ 1,085.00	\$108.50	\$1,035.00	\$103.50
Employee Only	Health Plan HMO Plan A	\$ 1,156.00	\$115.60	\$1,131.00	\$113.10
Employee & Children	Health Plan HMO Plan A	\$ 1,610.00	\$161.00	\$1,560.00	\$156.00
Family	Health Plan HMO Plan A	\$ 2,654.00	\$265.40	\$2,604.00	\$260.40
Employee Only	Health Plan HMO Plan B	\$ 737.00	\$73.70	\$712.00	\$71.20
Employee & Children	Health Plan HMO Plan B	\$ 1,066.00	\$106.60	\$1,016.00	\$101.60
Family	Health Plan HMO Plan B	\$ 1,760.00	\$176.00	\$1,710.00	\$170.00
Employee Only	Health Plan POS	\$ 797.00	\$79.70	\$772.00	\$77.20
Employee & Children	Health Plan POS	\$ 1,188.00	\$118.80	\$1,138.00	\$113.80
Family	Health Plan POS	\$ 1,911.00	\$191.10	\$1,861.00	\$186.10

Guardian Dental/Vision Rates

Coverage	Exam Plus	Full Feature
Single	\$2.77	\$6.83

Family	\$7.73	\$16.47
--------	--------	---------