

## 2025-26 CHP RATE SCHEDULE (10 MONTH RATES)

COMPANY	COVERAGE TYPE	10 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$1,045.55	\$209.11	\$836.44
	2 person	\$2,091.12	\$501.87	\$1,589.25
	family	\$2,823.04	\$794.64	\$2,028.40
	family/2 employees	\$2,823.04	\$418.22	\$2,404.82
	overage dependent	\$1,150.10	\$1,150.10	
CHP- MVP	Single	\$739.98	\$37.00	\$702.98
	2 person	\$1,479.97	\$295.99	\$1,183.98
	family	\$1,997.98	\$399.60	\$1,598.38
	family/2 employees	\$1,997.98	\$74.00	\$1,923.98
	overage dependent	\$813.98	\$813.98	