

2025-26 CHP RATE SCHEDULE (12 MONTH RATES)

COMPANY	COVERAGE TYPE	12 MONTH DEDUCTION	EMPLOYEE PORTION	BOARD PORTION
Capital Health Plan	Single	\$871.29	\$174.26	\$697.03
	2 person	\$1,742.60	\$418.23	\$1,324.37
	family	\$2,352.53	\$662.20	\$1,690.33
	family/2 employees	\$2,352.53	\$348.52	\$2,004.01
	coverage dependent	\$958.42	\$958.42	\$0.00
CHP- MVP	Single	\$616.65	\$30.83	\$585.82
	2 person	\$1,233.31	\$246.66	\$986.65
	family	\$1,664.98	\$333.00	\$1,331.98
	family/2 employees	\$1,664.98	\$61.66	\$1,603.32
	coverage dependent	\$678.32	\$678.32	\$0.00