



CITY OF TYLER

2026 ACTIVE EMPLOYEE PREMIUMS

HEALTH / DENTAL / VISION COVERAGE

2026 Premiums

CONTRIBUTIONS	Employee Per Pay Period Contribution					
	MEDICAL Rose Plan	MEDICAL AZALEA Plan	MEDICAL BLUEBONNET HDHP Plan	DENTAL	VISION GOLD 150	VISION GOLD 100
Employee Only	\$78.92	\$27.50	\$8.53	\$4.91	\$2.92	\$2.62
Employee + Spouse	\$216.48	\$135.14	\$97.20	\$18.05	\$4.99	\$4.42
Employee + Child(ren)	\$172.67	\$119.43	\$85.28			
Employee + Child(ren) (4+)	\$191.25	\$123.75	\$88.65	\$17.48	\$5.30	\$4.71
Employee + Family	\$286.23	\$186.99	\$133.88	\$27.17	\$7.94	\$7.03

Voluntary Short Term Disability	
Active, regular, non-civil service, full-time employees are eligible to participate in this plan at a cost of \$7.50 per pay period (24 pay periods a year)	
Benefit Percentage	60%
Maximum Weekly Benefit	\$1,200
Elimination Period	7th Day Sickness/7th Day Accident
Maternity	6 weeks – Normal Delivery 8 weeks - C-section
Benefit Duration	Up to 26 weeks