2026 Rates - Health, Dental & Vision Plans

Consumer-Directed Health Plan (CDHP)

HEALTH PROTECTION PLAN COVERAGE OPTIONS & TIERS	2026 EMPLOYEE'S COST/MONTH	2026 ERIE'S COST/MONTH
Employee Only	$16.76	$679.24
Employee + Spouse	$66.99	$1,804.01
Employee + Child(ren)	$41.84	$1,627.16
Employee & Family	$83.63	$2,069.37

Health2

HEALTH PROTECTION PLAN COVERAGE OPTIONS & TIERS	2026 EMPLOYEE'S COST/MONTH	2026 ERIE'S COST/MONTH
Employee Only	$26.80	$741.20
Employee + Spouse	$92.07	$1,978.93
Employee + Child(ren)	$82.02	$1,764.98
Employee & Family	$107.11	$2,272.89

Health1

HEALTH PROTECTION PLAN COVERAGE OPTIONS & TIERS	2026 EMPLOYEE'S COST/MONTH	2026 ERIE'S COST/MONTH
Employee Only	$63.59	$772.41
Employee + Spouse	$299.52	$1,952.48
Employee + Child(ren)	$265.90	$1,742.10
Employee & Family	$348.10	$2,247.90

Tobacco-User Surcharge: An additional $50/month surcharge applies to all health protection plan coverage options for tobacco users. The tobacco surcharge applies if you or any of your covered dependents are tobacco users. You may discontinue the surcharge after completion of our reasonable alternative program through UnitedHealthcare. Contact Benefits using the HR Helpline, (814) 870-3747, for more information.

Dental

DENTAL ASSISTANCE PLAN COVERAGE TIERS	2026 EMPLOYEE'S COST/MONTH	2026 ERIE'S COST/MONTH
Employee Only	$2.68	$27.02
Employee + Spouse	$12.00	$58.40
Employee + Child(ren)	$13.00	$62.90
Family	$18.96	$91.64

Vision

VISION CARE PLAN COVERAGE TIERS	2026 EMPLOYEE'S COST/MONTH	2026 ERIE'S COST/MONTH
Employee Only	$0.38	$4.42
Employee + Spouse	$1.22	$7.48
Employee + Child(ren)	$1.28	$9.82
Family	$2.00	$11.50