

Columbus Metropolitan Housing Authority

Rates Effective January 1, 2026– December 31, 2026

If you elect the UHC PPO Plan with the UHC Vision Plan and/or the Delta Dental Plan (20% EE Contribution/80% ER Contribution)

UHC PPO Plan	Cost on a Monthly Basis			Cost on a Bi-weekly Basis		
	Total Rate	CMHA's Share	Your Share	Total Rate	CMHA's Share	Your Share
Employee	\$1,182.77	\$946.22	\$236.55	\$545.89	\$436.72	\$109.18
Employee + Spouse	\$2,483.82	\$1,987.06	\$496.76	\$1,146.38	\$917.10	\$229.28
Employee + Child(ren)	\$2,247.29	\$1,797.83	\$449.46	\$1,037.21	\$829.77	\$207.44
Family	\$3,666.55	\$2,933.24	\$733.31	\$1,692.25	\$1,353.80	\$338.45

UHC Vision

Employee	\$4.90	\$3.92	\$0.98	\$2.26	\$1.81	\$0.45
Employee + Spouse	\$9.20	\$7.36	\$1.84	\$4.25	\$3.40	\$0.85
Employee + Child(ren)	\$10.90	\$8.72	\$2.18	\$5.03	\$4.02	\$1.01
Family	\$15.31	\$12.25	\$2.06	\$7.07	\$5.65	\$1.41

Delta Dental

Employee	\$32.01	\$25.61	\$6.40	\$14.77	\$11.82	\$2.95
Employee + Spouse	\$61.55	\$49.24	\$12.31	\$28.41	\$22.73	\$5.68
Employee + Child(ren)	\$85.81	\$68.65	\$17.16	\$39.60	\$31.68	\$7.92
Family	\$116.26	\$93.01	\$23.25	\$53.66	\$42.93	\$10.73

If you elect the UHC Health Savings Plan with the UHC Vision Plan and/or the Delta Dental Plan (5% EE Contribution/95% ER Contribution)

UHC Health Savings	Cost on a Monthly Basis			Cost on a Bi-weekly Basis		
	Total Rate	CMHA's Share	Your Share	Total Rate	CMHA's Share	Your Share
Employee	\$917.50	\$871.63	\$45.88	\$423.46	\$402.29	\$21.17
Employee + Spouse	\$1,926.75	\$1,830.41	\$96.34	\$889.27	\$844.81	\$44.46
Employee + Child(ren)	\$1,743.25	\$1,656.09	\$87.16	\$804.58	\$764.35	\$40.23
Family	\$2,844.24	\$2,702.03	\$142.21	\$1,312.73	\$1,247.09	\$65.64

UHC Vision

Employee	\$4.90	\$4.66	\$0.25	\$2.26	\$2.15	\$0.11
Employee + Spouse	\$9.20	\$8.74	\$0.46	\$4.25	\$4.03	\$0.21
Employee + Child(ren)	\$10.90	\$10.36	\$0.55	\$5.03	\$4.78	\$0.25
Family	\$15.31	\$14.54	\$0.77	\$7.07	\$6.71	\$0.35

Delta Dental

Employee	\$32.01	\$30.41	\$1.60	\$14.77	\$14.04	\$0.74
Employee + Spouse	\$61.55	\$58.47	\$3.08	\$28.41	\$26.99	\$1.42
Employee + Child(ren)	\$85.81	\$81.52	\$4.29	\$39.60	\$37.62	\$1.98
Family	\$116.26	\$110.45	\$5.81	\$53.66	\$50.98	\$2.68

If you waive the Medical plan but elect the UHC Vision Plan and/or the Delta Dental Plan (20% EE Contribution/80% ER Contribution)

UHC Vision	Cost on a Monthly Basis			Cost on a Bi-weekly Basis		
	Total Rate	CMHA's Share	Your Share	Total Rate	CMHA's Share	Your Share
Employee	\$4.90	\$3.92	\$0.98	\$2.26	\$1.81	\$0.45
Employee + Spouse	\$9.20	\$7.36	\$1.84	\$4.25	\$3.40	\$0.85
Employee + Child(ren)	\$10.90	\$8.72	\$2.18	\$5.03	\$4.02	\$1.01
Family	\$15.31	\$12.25	\$3.06	\$7.07	\$5.65	\$1.41

Delta Dental

Employee	\$32.01	\$25.61	\$6.40	\$14.77	\$11.82	\$2.95
Employee + Spouse	\$61.55	\$49.24	\$12.31	\$28.41	\$22.73	\$5.68
Employee + Child(ren)	\$85.81	\$68.65	\$17.16	\$39.60	\$31.68	\$7.92
Family	\$116.26	\$93.01	\$23.25	\$53.66	\$42.93	\$10.73