

**Council of Governments
Bi-Weekly Insurance Rates FY2026
July 1, 2025 - June 30, 2026**

Medical Insurance		Employee pays 16% COG pays 84%	
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	COG	Total
Single	47.32	248.44	295.76
Couple	96.28	505.49	601.77
S/Parent	76.01	399.08	475.09
Family	138.96	729.52	868.48

Dental Insurance		Employee pays 17% COG pays 83%	
Blue Cross Blue Shield Dental			
	Employee*	COG	Total
Single	2.46	11.99	14.45
Couple	4.97	24.25	29.22
S/Parent	5.46	26.64	32.10
Family	7.39	36.06	43.45

Vision Insurance		Employee pays 17% COG pays 83%	
Davis Vision			
	Employee*	COG	Total
Single	0.32	1.58	1.90
Couple	0.65	3.15	3.80
S/Parent	0.69	3.37	4.06
Family	1.12	5.49	6.61

Legal Insurance		Employee Paid	
ARAG Legal		Employee*	
Single		7.92	
Employee +1		9.87	
Family		10.13	

Short-Term Disability Insurance		Employee Paid	
Mutual of Omaha		Weekly Benefit = 60% base salary	
Rate per \$10 of Weekly Benefit			
BW Rate*			
All Ages		0.1482	

Basic Life and AD&D	
Mutual of Omaha (100% Paid by MRCOG equal to 140% of gross annual salary up to a maximum of \$50,000)	
Minimum	Maximum
\$25,000	\$50,000

Long-Term Disability Insurance		Employee Paid	
Mutual of Omaha		Monthly Benefit = 60% base salary	
Rate per \$100 of BW Salary			
Age	BW Rate*		
<30	0.1006		
30-39	0.1560		
40-44	0.2058		
45-49	0.2958		
50-54	0.3854		
55-59	0.4597		
60+	0.4754		

Voluntary Term Life		Employee Paid	
Mutual of Omaha Biweekly Rates* Per \$1,000			
Age	Smoker	Non Smoker	
<30	0.0494	0.0212	
30-34	0.0632	0.0291	
35-39	0.1048	0.0498	
40-44	0.1472	0.0771	
45-49	0.2769	0.1532	
50-54	0.4182	0.2298	
55-59	0.6115	0.3337	
60-64	0.7777	0.4311	
65-69	1.1511	0.6452	
70-74	2.1974	1.2198	
75+	3.4117	1.8988	

Accident Insurance		Employee Paid	
The Hartford		BW Rates*	
Single		2.85	
Couple		4.48	
S/Parent		4.86	
Family		7.60	

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate*
\$2,500	0.28
\$5,000	0.55
\$7,500	0.83
\$10,000	1.10

Critical Illness Insurance		Employee Paid	
Benefit Amount	\$15,000	\$30,000	
Single	7.39	14.46	
Couple	11.43	22.21	
S/Parent	8.35	16.12	
Family	12.55	24.15	

Flexible Spending Account	
P&A (medical, dependent care, parking or transit fee)	
\$2.45	COG Paid Monthly Flex and Debit Card

* Biweekly = monthly times 12 divided by 26