2026 SHARPCHOICE MONTHLY PER DIEM EMPLOYEE COSTS

MEDICAL/VISION COVERAGE

Basic HMO Medical Option	
Employee Only	Employee & Children
\$742.09	\$1,378.79

Premium HMO Medical Option	
Employee Only	Employee & Children
\$786.88	\$1,462.03

Value Plan Medical Option	
Employee Only	Employee & Children
\$572.85	\$1,064.35