

# 2026 BENEFITS SUMMARY



## Ready. Set. Enroll!

It's Open Enrollment time — your once-a-year chance to review, update, and refresh your benefits for 2026!

## What's New for 2026?

- **Expanded Infertility Benefits**

We've enhanced coverage to now include **in-vitro fertilization (IVF)** and related reproductive services — available under both SelectHealth and PEHP traditional and high-deductible plans.

## Updated Savings Limits

- **Health Savings Account (HSA)**

New IRS limits have been announced for 2026.

- Self-only coverage: **\$4,400**
- Family coverage: **\$8,750**
- Catch-up contribution: **\$1,000 for individuals 55 and older (by December 31)**

## Action Required for Continued Enrollment

- **Active Enrollment**

This is an Active Enrollment. To continue your coverage in 2026, you must complete and return the enclosed COBRA Enrollment Form. Your form must be postmarked by December 5, 2025.

- **Mail your complete form to:**

GBS Compliance Services

Attn: COBRA Department

2200 South Main St, Suite 600

South Salt Lake, UT 84115

## Questions? Check Out Additional Resources

- **SLCO Benefits Webpage:** [saltlakecounty.gov/human-resources/benefits](https://saltlakecounty.gov/human-resources/benefits)
- **Benefits Team:** 385-468-0580 or [benefits@saltlakecounty.gov](mailto:benefits@saltlakecounty.gov)

## 2026 Monthly COBRA Rates

### PEHP & SelectHealth Medical Premiums

#### High Deductible Plans

Coverage	Premium	2% Admin Fee	Total
Participant only	\$ 580.96	\$ 11.62	\$ 592.57
Participant + 1 or more dependents	\$ 1668.70	\$ 33.37	\$ 1702.07

#### PPO Plans

Coverage	Premium	2% Admin Fee	Total
Participant only	\$ 893.97	\$ 17.88	\$ 911.85
Participant + 1 dependent	\$ 1,963.63	\$ 39.27	\$ 2,002.90
Participant + 2 or more dependents	\$ 2,645.43	\$ 52.91	\$ 2,698.34

### CIGNA Dental Premiums

Coverage	Premium	2% Admin Fee	Total
Participant only	\$ 57.00	\$ 1.14	\$ 58.14
Participant + 1 dependent	\$ 73.00	\$ 1.46	\$ 74.46
Participant + 2 or more dependents	\$ 110.00	\$ 2.20	\$ 112.20

### VSP Vision Premiums

Coverage	Premium	2% Admin Fee	Total
Participant only	\$ 7.15	\$ 0.14	\$ 7.29
Participant + 1 dependent	\$ 14.30	\$ 0.29	\$ 14.59
Participant + 2 or more dependents	\$ 23.01	\$ 0.46	\$ 23.47