## **New Rates & Contribution Limits for 2026**

Blue Cross Blue Shield of Arizona				
MEDICAL	RED PLAN	BLUE PLAN	WHITE PLAN	
PER PAYCHECK CONTRIBUTIONS				
EMPLOYEE ONLY	\$101.28	\$85.12	\$17.02	
EMPLOYEE + SPOUSE	\$169.13	\$142.14	\$28.43	
EMPLOYEE + CHILD(REN)	\$149.88	\$125.96	\$25.19	
EMPLOYEE + FAMILY	\$246.10	\$206.83	\$41.36	

Delta Dental		
DENTAL	PER PAYCHECK	
EMPLOYEE ONLY	\$0.00	
EMPLOYEE + 1	\$12.50	
EMPLOYEE + 2 or more	\$33.75	

VSP		
VISION	PER PAYCHECK	
EMPLOYEE ONLY	\$5.45	
EMPLOYEE + FAMILY	\$11.82	

HSA 2026 Contribution Limits		
Employee Only	\$4,400	
Family	\$8,750	
Catch-up (55-65 y/o)	\$1,000 additional	

FSA 2026 Contribution Limits		
Minimum	\$350	
Maximum	\$3,300	
Dependent Care FSA	\$7,500	