



**Brighton Fire Rescue District
January 2026 – December 2026
Health Insurance Premiums**

MEDICAL - KAISER

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$521.00	\$0	\$0
Employee + Spouse	\$1,145	\$119.00	\$59.50
Employee + Child(ren)	\$1,029	\$97.00	\$48.50
Family	\$1,766	\$238.00	\$119.00

MEDICAL – UNITED HEALTHCARE/UMR – PPO3

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$630.00	\$0	\$0
Employee + Spouse	\$1,384.00	\$218.00	\$109.00
Employee + Child(ren)	\$1,246.00	\$178.00	\$89.00
Family	\$2,263.00	\$468.00	\$234.00

Health Reimbursement Account (HRA)

Kaiser	
Individual	Family
50% of deductible and co-insurance expenses up to \$1,750	50% of deductible and co-insurance expenses up to \$3,500
UHC/UMR	
Individual	Family
50% of deductible and co-insurance expenses up to \$1,500	50% of deductible and co-insurance expenses up to \$3,000

You must be enrolled in the District’s medical plan to be eligible for the HRA.



Brighton Fire Rescue District
January 2026 – December 20265
Health Insurance Premiums

DENTAL – Delta Dental

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$44.00	\$0	\$0
Employee + Spouse	\$91.00	\$8.00	\$4.00
Employee + Child(ren)	\$112.00	\$12.00	\$6.00
Family	\$152.00	\$19.00	\$9.50

Vision - VSP

Level of Coverage	Total Monthly Premium	Employee Premium	
		Monthly	Per Paycheck
Employee Only	\$8.00	\$0	\$0
Employee + Spouse	\$16.00	\$1.80	\$0.90
Employee + Child(ren)	\$17.00	\$2.00	\$1.00
Family	\$28.00	\$4.40	\$2.20