2026 Weekly Benefit Contributions

Medical			
Coverage Tier	**PPO I**	**PPO II**	**PPO + HSA**
Employee Only	$75.04	$60.18	$58.56
Employee + Spouse	$126.51	$115.06	$111.54
Employee + Child(ren)	$140.30	$126.58	$122.71
Employee + Family	$187.60	$180.53	$171.09

Dental		Vision	
Coverage Tier	**Weekly**	**Coverage Tier**	**Weekly**
Employee Only	$3.17	Employee Only	$1.28
Employee + Spouse	$7.34	Employee + Spouse	$2.57
Employee + Child(ren)	$6.62	Employee + Child(ren)	$2.74
Employee + Family	$10.47	Employee + Family	$4.38

Optional Life & AD&D

Optional Life Rates for Employee—Per $1,000 of Benefit

Age Group	Rate Per Every $1,000 of Coverage
Under 25	$0.015
25-29	$0.018
30-34	$0.023
35-39	$0.026
40-44	$0.029
45-49	$0.043
50-54	$0.067
55-59	$0.125
60-64	$0.192
65-69	$0.368
70 +	$0.598

Rate Calculation

Benefit Amount	Divided by 1,000	Multiplied by premium factor
$	/1,000	X age-banded rate

Rate Calculation Examples

Example 1 Employee Calculation	Benefit Amount (Selected 3x Pay)	Divided by 1,000	Multiplied by Weekly Premium Factor	Weekly Employee Premium Cost
Employee Age 40 with $50,000 Annual Pay	$150,000.00	1,000	$0.029	$4.35

Advantage Benefit Plans

Identity Theft Protection

Coverage Tier	Weekly
Employee	$2.30
Family	$4.14

Legal Plan

Coverage Tier	Weekly
Employee	$3.92

Accident Insurance

Coverage Tier	Weekly
Employee	$0.70
Employee + Spouse	$1.47
Employee + Child(ren)	$1.43
Family	$2.20

Hospital Indemnity Insurance

Coverage Tier	Weekly
Employee	$3.08
Employee + Spouse	$7.50
Employee + Child(ren)	$5.13
Family	$9.55

Critical Illness Insurance Weekly Rates

Low Option

Employee: $10,000, Spouse: $5,000, Child(ren): $5,000

Tobacco User					Non-Tobacco User				
Age Group	EE	EE + SP	EE + CH	Family	Age Group	EE	EE + SP	EE + CH	Family
Under 25	$1.61	$2.71	$2.07	$3.17	Under 25	$1.04	$1.84	$1.50	$2.30
25-29	$1.73	$2.88	$2.19	$3.34	25-29	$1.27	$2.19	$1.73	$2.65
30-34	$1.96	$3.23	$2.42	$3.69	30-34	$1.38	$2.36	$1.84	$2.82
35-39	$2.31	$3.75	$2.77	$4.21	35-39	$1.61	$2.71	$2.07	$3.17
40-44	$3.00	$4.78	$3.46	$5.25	40-44	$1.73	$2.88	$2.19	$3.34
45-49	$4.04	$6.34	$4.50	$6.80	45-49	$2.19	$3.57	$2.65	$4.03
50-54	$6.92	$10.67	$7.38	$11.13	50-54	$3.23	$5.13	$3.69	$5.59
55-59	$10.96	$16.73	$11.42	$17.19	55-59	$5.77	$8.94	$6.23	$9.40
60-64	$15.11	$22.96	$15.57	$23.42	60-64	$9.11	$13.96	$9.57	$14.42
65-69	$19.50	$29.53	$19.96	$30.00	65-69	$11.19	$17.07	$11.65	$17.53
Age 70 - 100	$22.50	$34.03	$22.96	$34.50	Age 70 - 100	$16.61	$25.21	$17.07	$25.67

High Option

Employee: $20,000, Spouse: $10,000, Child(ren): $10,000

Tobacco User					Non-Tobacco User				
Age Group	EE	EE + SP	EE + CH	Family	Age Group	EE	EE + SP	EE + CH	Family
Under 25	$2.65	$4.26	$3.57	$5.19	Under 25	$1.50	$2.53	$2.42	$3.46
25-29	$2.88	$4.61	$3.81	$5.53	25-29	$1.96	$3.23	$2.88	$4.15
30-34	$3.34	$5.30	$4.27	$6.23	30-34	$2.19	$3.57	$3.11	$4.50
35-39	$4.04	$6.34	$4.96	$7.26	35-39	$2.65	$4.26	$3.57	$5.19
40-44	$5.42	$8.42	$6.34	$9.34	40-44	$2.88	$4.61	$3.81	$5.53
45-49	$7.50	$11.53	$8.42	$12.46	45-49	$3.81	$6.00	$4.73	$6.92
50-54	$13.27	$20.19	$14.19	$21.11	50-54	$5.88	$9.11	$6.81	$10.03
55-59	$21.34	$32.30	$22.27	$33.23	55-59	$10.96	$16.73	$11.88	$17.65
60-64	$29.65	$44.76	$30.57	$45.69	60-64	$17.65	$26.76	$18.57	$27.69
65-69	$38.42	$57.92	$39.34	$58.84	65-69	$21.81	$33.00	$22.73	$33.92
Age 70 - 100	$44.42	$66.92	$45.34	$67.84	Age 70 - 100	$32.65	$49.26	$33.57	$50.19

Group Universal Life (GUL)			
GUL Rate Per $1,000 of Benefit			
Age Group	**Employee* (1x – 8x Annual Pay)**	**Spouse** ($10,000 - $250,000)**	**Child(ren) ($10,000)**
Under 25	$0.019	$0.012	At any age the flat rate is $0.19/week
25-29	$0.023	$0.014	
30-34	$0.031	$0.018	
35-39	$0.035	$0.021	
40-44	$0.039	$0.023	
45-49	$0.058	$0.035	
50-54	$0.088	$0.053	
55-59	$0.165	$0.099	
60-64	$0.254	$0.152	
65-69	$0.488	$0.293	
Age 70 - 100	$0.792	$0.475	

GUL Rate Calculation		
Benefit Amount	**Divided by 1,000**	**Multiplied by premium factor**
$	/1,000	X age-banded rate

* You must elect Employee coverage if you wish to elect Spouse and/or Child(ren).

** The amount of coverage you elect for your spouse cannot exceed 50% of the coverage you elect for yourself.