2026 Weekly Benefit Contributions

Medical			
Coverage Tier	**PPO**	**PPO + HRA/HCA**	**PPO + HSA**
Employee Only	$60.34	$55.94	$50.59
Employee + Spouse	$126.97	$117.48	$106.24
Employee + Child(ren)	$114.35	$106.26	$96.08
Employee + Family	$181.79	$166.23	$150.37

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 & Spouse/Domestic Partner—Per $1,000 of Benefit		
Age Group	**Employee Rate Per Every $1,000 of Coverage**	**Spouse Rate Per Every $25,000 of Coverage**
Under 25	$0.014	$0.392
25-29	$0.016	$0.444
30-34	$0.021	$0.594
35-39	$0.030	$0.842
40-44	$0.051	$1.448
45-49	$0.074	$2.077
50-54	$0.121	$3.410
55-59	$0.142	$3.998
60-64	$0.276	$7.754
65-69	$0.473	$13.287
70 +	$1.541	$43.298
Child(ren)	$5,000 – $0.08 $10,000 – $0.16 $25,000 – $0.40	
Optional AD&D Rate for Employee, Spouse/Domestic Partner, and/or Child		
Employee Rate per $1,000 of Benefit	$0.006	
Spouse Rate per $25,000 of Benefit	$0.144	
Child(ren) Rate per $5,000 of Benefit	$0.029	

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	$0.051	$7.65
Example 2 Spouse Calculation	**Benefit Amount (Selected $50k Spouse Coverage)**	**Divided by 1,000**	**Multiplied by Weekly Premium Factor**	**Weekly Employee Premium Cost**
Spouse Age 46	$50,000.00	1,000	$2.077	$103.85

Long-Term Disability

Employee LTD—Per $1,000 of Benefit

Age Group	Rate Per Every $1,000 of Coverage
Under 30	$0.069
30-34	$0.082
35-39	$0.105
40-44	$0.149
45-49	$0.231
50-54	$0.321
55-59	$0.474
60-64	$0.515
65-69	$0.551
70-74	$0.687
75+	$0.984

Monthly Salary	Divided by 100	Multiplied by premium factor
$	/100	X age-banded rate

If your annual salary is $100,000 or more, your LTD benefit will be capped at the 60% Maximum Benefit Amount of $5,000 per month

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

See next page for Critical Illness Insurance & GUL

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 $0.18/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.