2026 Bi-Weekly Benefit Contributions

Medical			
Coverage Tier	**PPO**	**PPO + HRA/HCA**	**PPO + HSA**
Employee Only	$120.68	$111.88	$101.18
Employee + Spouse	$253.94	$234.96	$212.49
Employee + Child(ren)	$228.70	$212.51	$192.17
Employee + Family	$363.58	$332.47	$300.75

Dental		Vision	
Coverage Tier	**Bi-Weekly**	**Coverage Tier**	**Bi-Weekly**
Employee Only	$6.35	Employee Only	$2.57
Employee + Spouse	$14.68	Employee + Spouse	$5.13
Employee + Child(ren)	$13.24	Employee + Child(ren)	$5.48
Employee + Family	$20.94	Employee + Family	$8.77

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	$0.028	$0.785
25-29	$0.032	$0.888
30-34	$0.042	$1.188
35-39	$0.060	$1.685
40-44	$0.103	$2.896
45-49	$0.148	$4.154
50-54	$0.243	$6.819
55-59	$0.285	$7.996
60-64	$0.552	$15.508
65-69	$0.946	$26.573
70 +	$3.083	$86.596
Child(ren)	$5,000 – $0.16 $10,000 – $0.32 $25,000 – $0.81	
Optional AD&D Rate for Employee, Spouse/Domestic Partner, and/or Child		
Employee Rate per $1,000 of Benefit	$0.012	
Spouse Rate per $25,000 of Benefit	$0.288	
Child(ren) Rate per $5,000 of Benefit	$0.058	

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 Bi-Weekly Premium Factor**	**Bi-Weekly Employee Premium Cost**
Employee Age 40 with $50,000 Annual Pay	$150,000.00	1,000	$0.103	$15.45
Example 2 Spouse Calculation	**Benefit Amount (Selected $50k Spouse Coverage)**	**Divided by 1,000**	**Multiplied by Bi-Weekly Premium Factor**	**Bi-Weekly Employee Premium Cost**
Spouse Age 46	$50,000.00	1,000	$4.154	$207.70

Short-Term Disability

Monthly Salary	Divided by 100	Multiplied by premium factor
$	/100	X $0.553

If your annual salary is $234,000 or more, your STD benefit will be capped at the 80% Maximum Benefit Amount of $3,600 per week

Long-Term Disability

Monthly Salary	Divided by 100	Multiplied by premium factor
$	/100	X $0.386

If your annual salary is $257,143 or more, your LTD benefit will be capped at the 70% Maximum Benefit Amount of $15,000 per month

Advantage Benefit Plans

Identity Theft Protection

Coverage Tier	Bi-Weekly
Employee	$4.59
Family	$8.28

Legal Coverage

Coverage Tier	Bi-Weekly
Employee	$7.84

Accident Insurance

Coverage Tier	Bi-Weekly
Employee	$1.41
Employee + Spouse	$2.94
Employee + Child(ren)	$2.87
Family	$4.40

Hospital Indemnity Insurance

Coverage Tier	Bi-Weekly
Employee	$6.16
Employee + Spouse	$15.00
Employee + Child(ren)	$10.27
Family	$19.11

Critical Illness Insurance Bi-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	$3.23	$5.41	$4.15	$6.34	Under 25	$2.07	$3.68	$3.00	$4.61
25-29	$3.46	$5.76	$4.38	$6.68	25-29	$2.53	$4.38	$3.46	$5.30
30-34	$3.92	$6.45	$4.84	$7.38	30-34	$2.76	$4.72	$3.69	$5.64
35-39	$4.61	$7.49	$5.53	$8.41	35-39	$3.23	$5.41	$4.15	$6.34
40-44	$6.00	$9.57	$6.92	$10.49	40-44	$3.46	$5.76	$4.38	$6.68
45-49	$8.07	$12.68	$9.00	$13.61	45-49	$4.38	$7.14	$5.30	$8.07
50-54	$13.84	$21.34	$14.76	$22.26	50-54	$6.46	$10.26	$7.38	$11.18
55-59	$21.92	$33.45	$22.84	$34.38	55-59	$11.53	$17.88	$12.46	$18.80
60-64	$30.23	$45.91	$31.15	$46.84	60-64	$18.23	$27.91	$19.15	$28.84
65-69	$39.00	$59.07	$39.92	$59.99	65-69	$22.38	$34.14	$23.30	$35.07
Age 70 - 100	$45.00	$68.07	$45.92	$68.99	Age 70 - 100	$33.23	$50.41	$34.15	$51.34

See next page for High Option Rates

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	$5.30	$8.53	$7.15	$10.38	Under 25	$3.00	$5.07	$4.84	$6.91
25-29	$5.76	$9.22	$7.61	$11.07	25-29	$3.92	$6.45	$5.76	$8.30
30-34	$6.69	$10.61	$8.53	$12.45	30-34	$4.38	$7.14	$6.23	$8.99
35-39	$8.07	$12.68	$9.92	$14.53	35-39	$5.30	$8.53	$7.15	$10.38
40-44	$10.84	$16.84	$12.69	$18.68	40-44	$5.76	$9.22	$7.61	$11.07
45-49	$15.00	$23.07	$16.84	$24.91	45-49	$7.61	$11.99	$9.46	$13.84
50-54	$26.53	$40.38	$28.38	$42.22	50-54	$11.76	$18.22	$13.61	$20.07
55-59	$42.69	$64.61	$44.53	$66.45	55-59	$21.92	$33.45	$23.76	$35.30
60-64	$59.30	$89.53	$61.15	$91.38	60-64	$35.30	$53.53	$37.15	$55.38
65-69	$76.84	$115.84	$78.69	$117.68	65-69	$43.61	$65.99	$45.46	$67.84
Age 70 - 100	$88.84	$133.84	$90.69	$135.68	Age 70 - 100	$65.30	$98.53	$67.15	$100.38

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	$0.038	$0.023	At any age the flat rate is $0.37 bi-weekly
25-29	$0.046	$0.028	
30-34	$0.061	$0.037	
35-39	$0.069	$0.042	
40-44	$0.077	$0.046	
45-49	$0.115	$0.069	
50-54	$0.177	$0.106	
55-59	$0.330	$0.198	
60-64	$0.507	$0.305	
65-69	$0.977	$0.586	
Age 70 - 100	$1.584	$0.951	

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.