

## 2026 Weekly Benefit Contributions

Medical 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			

Dent	al	Visi	on
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

Advantage Benefit Plans						
Identity Theft Protection						
Coverage Tier	Weekly					
Employee	\$2.30					
Family	\$4.14					
Legal Plan						
Coverage Tier	Weekly					
Employee	\$3.92					
Accident Ir	surance					
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					

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			Critical IIII	ness Insura Low Op	ance Weekly R	Rates				
		Fm	plovee: \$10.0		\$5,000, Child(re	n): \$5.000				
Tobacco User			,00, Opeaco.	to,000, ormatio		Гoba	cco Use	er		
Age Group	EE	EE + SP	EE + CH	Family	Age Group	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	\$2	25.21	\$17.07	\$25.67
				High O	ption					
		Emp	oloyee: \$20,00	00, Spouse: \$	10,000, Child(re	n): \$10,00	0			
	To	bacco Us	er			Non-	Гoba	cco Use		
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	\$4	49.26	\$33.57	\$50.19
			Gro	up Univers	al Life (GUL)					
			GUL	Rate Per \$1	,000 of Benefit					
۸۵۵	Group		Employee*		Spouse**		Child(ren)			
Age	Group		(1x – 8x Annual Pay)		(\$10,000 - \$250,000)			(\$10,000)		
	der 25		\$0.019		\$0.012					
25-29		\$0.023		\$0.014						
30-34			\$0.031		\$0.018			At any age the flat rate is \$0.19/week		
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		4			
	5-69		\$0.48		\$0.293		_			
Age	70 - 100		\$0.79		\$0.4	1/5				
	614 A			GUL Rate Ca						
Benefit Amount Divided by 1,000 Multiplied by premium factor					actor					
\$ /1,000 X age-banded rate										

<sup>\$ /1,000</sup> X age-banded ra

\* 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.