

# MEDICAL, DENTAL, AND VISION PLAN RATES

## 2026 Associate Bi-Weekly Payroll Deduction Rates

	\$3,400 Plan					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Bi-Weekly (26 pay periods)						
Individual	\$21.24	\$67.40	\$24.14	\$70.30	\$30.12	\$76.27
Individual + Spouse	\$76.79	\$169.10	\$84.68	\$176.99	\$105.64	\$197.95
Individual + Child(ren)	\$60.74	\$129.97	\$67.10	\$136.33	\$83.69	\$152.92
Individual + Family	\$169.29	\$261.60	\$184.16	\$276.47	\$229.90	\$322.21

	\$1,850 Plan					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Bi-Weekly (26 pay periods)						
Individual	\$37.12	\$83.28	\$39.41	\$85.56	\$49.15	\$95.30
Individual + Spouse	\$127.32	\$219.62	\$136.40	\$228.71	\$170.18	\$262.49
Individual + Child(ren)	\$100.21	\$169.44	\$106.71	\$175.94	\$133.11	\$202.34
Individual + Family	\$263.48	\$355.79	\$281.28	\$373.59	\$351.19	\$443.50

	\$900 Plan					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Bi-Weekly (26 pay periods)						
Individual	\$60.90	\$107.05	\$64.54	\$110.70	\$80.67	\$126.82
Individual + Spouse	\$195.30	\$287.61	\$208.93	\$301.24	\$261.15	\$353.46
Individual + Child(ren)	\$144.53	\$213.76	\$153.65	\$222.88	\$192.05	\$261.28
Individual + Family	\$349.77	\$442.08	\$373.02	\$465.33	\$466.24	\$558.54

	\$400 Plan					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Bi-Weekly (26 pay periods)						
Individual	\$102.63	\$148.79	\$109.81	\$155.96	\$137.25	\$183.41
Individual + Spouse	\$304.07	\$396.37	\$323.72	\$416.03	\$404.62	\$496.93
Individual + Child(ren)	\$225.82	\$295.05	\$240.77	\$310.00	\$300.93	\$370.16
Individual + Family	\$529.48	\$621.78	\$563.01	\$655.32	\$703.70	\$796.01

	Dental and Vision Plans		
	Basic Plus Dental	Premier Dental w/ Ortho	Vision
Bi-Weekly (26 pay periods)			
Individual	\$18.89	\$29.39	\$5.45
Individual + Spouse	\$38.17	\$59.40	\$7.86
Individual + Child(ren)	\$34.20	\$53.22	\$7.99
Individual + Family	\$55.55	\$86.44	\$12.69

## 2026 Associate Weekly Payroll Deduction Rates

	\$3,400 PLAN					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Weekly (52 pay periods)						
<b>Individual</b>	\$10.62	\$33.70	\$12.07	\$35.15	\$15.06	\$38.14
<b>Individual + Spouse</b>	\$38.40	\$84.55	\$42.34	\$88.49	\$52.82	\$98.97
<b>Individual + Child(ren)</b>	\$30.37	\$64.98	\$33.55	\$68.17	\$41.84	\$76.46
<b>Individual + Family</b>	\$84.64	\$130.80	\$92.08	\$138.23	\$114.95	\$161.10

	\$1,850 PLAN					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Weekly (52 pay periods)						
<b>Individual</b>	\$18.56	\$41.64	\$19.70	\$42.78	\$24.57	\$47.65
<b>Individual + Spouse</b>	\$63.66	\$109.81	\$68.20	\$114.35	\$85.09	\$131.25
<b>Individual + Child(ren)</b>	\$50.11	\$84.72	\$53.35	\$87.97	\$66.55	\$101.17
<b>Individual + Family</b>	\$131.74	\$177.90	\$140.64	\$186.79	\$175.59	\$221.75

	\$900 PLAN					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Weekly (52 pay periods)						
<b>Individual</b>	\$30.45	\$53.53	\$32.27	\$55.35	\$40.33	\$63.41
<b>Individual + Spouse</b>	\$97.65	\$143.80	\$104.47	\$150.62	\$130.57	\$176.73
<b>Individual + Child(ren)</b>	\$72.27	\$106.88	\$76.83	\$111.44	\$96.02	\$130.64
<b>Individual + Family</b>	\$174.89	\$221.04	\$186.51	\$232.67	\$233.12	\$279.27

	\$400 PLAN					
	Salary <\$55,000		Salary ≥\$55,000 Non-Officer		Officers	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Weekly (52 pay periods)						
<b>Individual</b>	\$51.32	\$74.39	\$54.90	\$77.98	\$68.63	\$91.70
<b>Individual + Spouse</b>	\$152.03	\$198.19	\$161.86	\$208.02	\$202.31	\$248.46
<b>Individual + Child(ren)</b>	\$112.91	\$147.53	\$120.39	\$155.00	\$150.47	\$185.08
<b>Individual + Family</b>	\$264.74	\$310.89	\$281.50	\$327.66	\$351.85	\$398.01

	Dental and Vision Plans		
	Basic Plus Dental	Premier Dental w/ Ortho	Vision
Weekly (52 pay periods)			
<b>Individual</b>	\$9.44	\$14.70	\$2.73
<b>Individual + Spouse</b>	\$19.09	\$29.70	\$3.93
<b>Individual + Child(ren)</b>	\$17.10	\$26.61	\$3.99
<b>Individual + Family</b>	\$27.77	\$43.22	\$6.35