2026 Benefit Premiums

Silver HDHP	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	Notes
Employee:	$1,740.96	$145.08	$72.54*/ $102.54	$894.42	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	$5,774.40	$481.20	$240.60*/ $270.60**/ $300.60	$2,002.26	
Employee + child(ren):	$4,403.76	$366.98	$183.49*/ $213.49	$1,715.99	
Employee + family:	$6,811.20	$567.60	$283.80*/ $313.80**/ $343.80	$2,383.43	
Bronze HDHP	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	Notes
Employee:	$616.56	$51.38	$25.69*/ $55.69	$819.30	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	$3,288.48	$274.04	$137.02*/ $167.02**/ $197.02	$1,834.08	
Employee + child(ren):	$2,248.08	$187.34	$93.67*/ $123.67	$1,571.88	
Employee + family:	$3,750.96	$312.58	$156.29*/ $186.29**/ $216.29	$2,183.23	
Traditional PPO Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	Notes
Employee:	$4,862.88	$405.24	$202.62*/$232.62	$1,299.91	* Employee AND eligible Spouse participating in the HI&P Program ** Employee OR eligible Spouse participating in the HI&P Program
Employee + spouse:	$13,046.16	$1,087.18	$543.59*/$573.59**/$603.59	$2,909.98	
Employee + child(ren):	$9,652.56	$804.38	$402.19*/$432.19	$2,494.00	
Employee + family:	$15,793.44	$1,316.12	$658.06*/ $688.06**/$718.06	$3,463.92	
Dental	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	
Employee:	$270.00	$22.50	$11.25	$50.47	
Employee + 1:	$546.00	$45.50	$22.75	$91.07	
Employee + family:	$816.00	$68.00	$34.00	$126.17	
Signature Choice Standard Vision Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	
Employee:	$82.56	$6.88	$3.44	$7.02	
Employee + spouse:	$150.00	$12.50	$6.25	$12.75	
Employee + child(ren):	$157.68	$13.14	$6.57	$13.40	
Employee + family:	$243.12	$20.26	$10.13	$20.67	
Easy Options Vision Plan	Annual Employee Contribution	Employee Monthly Premium*	Employee Per Pay Premium	Monthly COBRA Rate	
Employee:	$177.60	$14.80	$7.40	$15.10	
Employee + spouse:	$323.04	$26.92	$13.46	$27.46	
Employee + child(ren):	$339.36	$28.28	$14.14	$28.85	
Employee + family:	$523.20	$43.60	$21.80	$44.47	
Salary Continuation & Pregnancy Recovery Benefits****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Must elect STD in order to have Salary Continuation		$0.00	$0.00		Maximum benefit = 120 hours per disability
Short Term Disability****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Must elect STD in order to have Salary Continuation & Pregnancy Recovery Benefit up to $5,000 per week		.175 per $10 of weekly benefit up to $5,000	divide monthly cost by 2		((Annual Salary * .70)/52))= Weekly Benefit Amount (Maximum weekly benefit amount is $5,000) Divide Weekly Benefit Amount by $10 and multiply by .175 = Monthly Rate

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Long Term Disability****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Age:		Cost per $100 of coverage:			Monthly cost calculation:
<25		$0.059	divide monthly cost by 2		annual salary divided by 12 = Monthly Covered Payroll (max covered payroll is $18,750)
25-29		$0.068	divide monthly cost by 2		Monthly Covered Payroll divided by 100
30-34		$0.086	divide monthly cost by 2		then multiplied by age rate from table to the left
35-39		$0.128	divide monthly cost by 2		
40-44		$0.175	divide monthly cost by 2		
45-49		$0.305	divide monthly cost by 2		Rate changes occur when one moves into a new age bracket
50-54		$0.503	divide monthly cost by 2		Maximum benefit payment is $12,500/month
55-59		$0.668	divide monthly cost by 2		
60-64		$0.665	divide monthly cost by 2		
65+		$0.650	divide monthly cost by 2		
Basic Life & AD&D****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Coverage= 2x annual salary (up to $300,000)		$.0485 per $1,000 of coverage up to $300,000	divide monthly cost by 2		Monthly cost calculation for employee premium: coverage amount (up to $300,000) divided by 1,000, then multiplied by .0485
Supplemental Life****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Age:		Cost per $1,000 of coverage:			Monthly cost calculation:
<30		$0.060	divide monthly cost by 2		amount elected divided by 1,000
30-34		$0.080	divide monthly cost by 2		then multiplied by age rate
35-39		$0.090	divide monthly cost by 2		
40-44		$0.145	divide monthly cost by 2		Rate changes occur when one moves into a new age
45-49		$0.289	divide monthly cost by 2		bracket
50-54		$0.391	divide monthly cost by 2		
55-59		$0.646	divide monthly cost by 2		
60-64		$0.918	divide monthly cost by 2		
65-69		$1.590	divide monthly cost by 2		
70-74		$2.729	divide monthly cost by 2		
75-79		$4.990	divide monthly cost by 2		
Spouse Life****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Age:		Cost per $1,000 of coverage:			Monthly cost calculation:
<30		$0.060	divide monthly cost by 2		amount elected divided by 1,000
30-34		$0.080	divide monthly cost by 2		then multiplied by age rate
35-39		$0.090	divide monthly cost by 2		
40-44		$0.145	divide monthly cost by 2		Rate changes occur when spouse moves into a new age
45-49		$0.289	divide monthly cost by 2		bracket
50-54		$0.391	divide monthly cost by 2		
55-59		$0.646	divide monthly cost by 2		
60-64		$0.918	divide monthly cost by 2		
65-69		$1.590	divide monthly cost by 2		
70-74		$2.729	divide monthly cost by 2		
75-79		$4.990	divide monthly cost by 2		

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Child Life****		Employee Monthly Premium*	Employee Per Pay Premium		Notes
		$0.50	$0.25		Cost for all eligible children (any number of children)
Legal Resources		Employee Monthly Premium*	Employee Per Pay Premium		Notes
Offered only at Open Enrollment		$18.00	$9.00		Premium is paid one month in advance
					Must remain enrolled for a minimum of two plan years before coverage can be dropped
Lifelock Benefit Elite Plus		Employee Monthly Premium*	Employee Per Pay Premium		
Employee:		$8.99	$4.50		
Employee + family:		$17.98	$8.99		
Lifelock Benefit Elite Premium		Employee Monthly Premium*	Employee Per Pay Premium		
Employee:		$14.99	$7.50		
Employee + family:		$29.98	$14.99		
Critical Illness - Employee $10,000		Employee Monthly Premium*	Employee Per Pay Premium		
Age:					
18-25		$3.76	$1.88		
26-30		$4.88	$2.44		
31-35		$5.74	$2.87		
36-40		$7.46	$3.73		
41-45		$8.94	$4.47		
46-50		$10.58	$5.29		
51-55		$16.30	$8.15		
56-60		$16.08	$8.04		
61-65		$32.54	$16.27		
66+		$56.96	$28.48		
Critical Illness - Employee $20,000		Employee Monthly Premium*	Employee Per Pay Premium		
Age:					
18-25		$6.18	$3.09		
26-30		$8.42	$4.21		
31-35		$10.14	$5.07		
36-40		$13.56	$6.78		
41-45		$16.52	$8.26		
46-50		$19.82	$9.91		
51-55		$31.24	$15.62		
56-60		$30.80	$15.40		
61-65		$63.74	$31.87		
66+		$112.56	$56.28		

2026 Benefit Premiums

Critical Illness - Spouse $5,000		Employee Monthly Premium*	Employee Per Pay Premium		
Age:					
18-25		$2.56	$1.28		
26-30		$3.12	$1.56		
31-35		$3.56	$1.78		
36-40		$4.40	$2.20		
41-45		$5.14	$2.57		
46-50		$5.98	$2.99		
51-55		$8.82	$4.41		
56-60		$8.72	$4.36		
61-65		$16.96	$8.48		
66+		$29.16	$14.58		
Critical Illness - Spouse $10,000		Employee Monthly Premium*	Employee Per Pay Premium		
Age:					
18-25		$3.76	$1.88		
26-30		$4.88	$2.44		
31-35		$5.74	$2.87		
36-40		$7.46	$3.73		
41-45		$8.94	$4.47		
46-50		$10.58	$5.29		
51-55		$16.30	$8.15		
56-60		$16.08	$8.04		
61-65		$32.54	$16.27		
66+		$56.96	$28.48		
Group Accident		Employee Monthly Premium*	Employee Per Pay Premium		
Employee:		$8.14	$4.07		
Employee + spouse:		$13.86	$6.93		
Employee + child(ren):		$19.50	$9.75		
Employee + family:		$25.26	$12.63		
Group Hospital Indemnity		Employee Monthly Premium*	Employee Per Pay Premium		
Employee:		$17.88	$8.94		
Employee + spouse:		$35.16	$17.58		
Employee + child(ren):		$25.46	$12.73		
Employee + family:		$42.74	$21.37		

****** Benefit only offered to full time regular employees (scheduled 40 hours per week)**