

2026 Medical Plan Rates

	<\$50k		\$50k–\$100k		\$100k–\$150k		>\$150k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
CDHP1								
Employee Only	\$43.21	\$323.02	\$61.16	\$305.07	\$80.16	\$286.07	\$94.40	\$271.83
Employee + Spouse	\$136.16	\$617.47	\$142.84	\$610.79	\$187.25	\$566.38	\$220.54	\$533.09
Employee + Child(ren)	\$122.89	\$557.23	\$128.91	\$551.19	\$168.98	\$511.12	\$199.01	\$481.11
Employee + Family	\$195.27	\$885.54	\$204.85	\$875.96	\$268.53	\$812.28	\$316.25	\$764.56
CDHP2								
Employee Only	\$24.71	\$312.35	\$37.50	\$299.56	\$47.33	\$289.72	\$55.74	\$281.31
Employee + Spouse	\$89.97	\$601.01	\$94.38	\$596.60	\$119.09	\$571.89	\$140.26	\$550.72
Employee + Child(ren)	\$81.18	\$542.38	\$85.17	\$538.39	\$107.46	\$516.10	\$126.59	\$496.97
Employee + Family	\$129.01	\$861.96	\$135.36	\$855.61	\$170.80	\$820.17	\$201.16	\$789.81
PPO								
Employee Only	\$67.91	\$337.51	\$80.27	\$325.15	\$129.87	\$275.55	\$154.30	\$251.12
Employee + Spouse	\$203.75	\$627.35	\$248.01	\$583.09	\$306.09	\$525.01	\$363.17	\$467.93
Employee + Child(ren)	\$191.39	\$558.63	\$222.36	\$527.66	\$274.67	\$475.35	\$326.18	\$423.84
Employee + Family	\$246.96	\$944.96	\$296.36	\$895.56	\$437.91	\$754.01	\$519.77	\$672.15

Bi-Weekly Dental Rates

	Low Plan		High Plan <\$100k		High Plan >\$100k	
	Employee cost	Employer cost	Employee cost	Employer cost	Employee cost	Employer cost
Employee Only	\$8.89	\$7.16	\$10.52	\$9.76	\$12.16	\$8.11
Employee + Spouse	\$17.13	\$14.91	\$20.38	\$20.07	\$23.60	\$16.85
Employee + Child(ren)	\$19.39	\$17.43	\$23.34	\$23.15	\$27.03	\$19.46
Employee + Family	\$27.85	\$24.96	\$33.22	\$33.46	\$38.47	\$28.21

Bi-Weekly Vision Rates

VSP Plan

Employee Only	\$3.87
Employee + Spouse	\$5.81
Employee + Child(ren)	\$6.12
Employee + Family	\$9.68

Long-Term Disability Buy-Up

Rate per \$100 of covered monthly payroll (gross pay). The maximum covered monthly payroll is \$10,000.

\$0.373

Bi-weekly AD&D Insurance Rates

Voluntary

Employee	\$0.010
Spouse	\$0.011
Child	\$0.013
Dependent Child(ren)	
Child	\$0.085

Bi-weekly Employee & Spouse Supplemental Life Insurance Rates

Age	Employee & Spouse Rate Non-Nicotine	Employee & Spouse Rate Nicotine
Under 25	\$0.014	\$0.023
25 - 29	\$0.017	\$0.028
30 - 34	\$0.023	\$0.037
35 - 39	\$0.025	\$0.042
40 - 44	\$0.035	\$0.059
45 - 49	\$0.056	\$0.096
50 - 54	\$0.085	\$0.148
55 - 59	\$0.152	\$0.249
60 - 64	\$0.207	\$0.346
65 - 69	\$0.355	\$0.586
70 +	\$0.654	\$1.056

Bi-Weekly Accident Rates

	Low Plan	High Plan
Employee Only	\$1.79	\$3.44
Employee + Spouse	\$3.17	\$6.08
Employee + Child(ren)	\$3.40	\$6.55
Employee + Family	\$4.29	\$8.25

Critical Illness Rates

Attained Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Employee + Spouse / Child(ren)	
	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000	\$20,000	\$10,000
<25	\$2.68	\$1.34	\$4.71	\$2.35	\$4.89	\$2.45	\$6.83	\$3.42
25–29	\$2.86	\$1.43	\$4.89	\$2.45	\$4.98	\$2.49	\$7.02	\$3.51
30–34	\$3.69	\$1.85	\$6.09	\$3.05	\$5.82	\$2.91	\$8.31	\$4.15
35–39	\$5.08	\$2.54	\$8.03	\$4.02	\$7.20	\$3.60	\$10.25	\$5.12
40–44	\$7.57	\$3.78	\$11.72	\$5.86	\$9.69	\$4.85	\$13.85	\$6.92
45–49	\$11.17	\$5.58	\$16.89	\$8.45	\$13.29	\$6.65	\$19.02	\$9.51
50–54	\$16.52	\$8.26	\$24.18	\$12.09	\$18.65	\$9.32	\$26.31	\$13.15
55–59	\$23.63	\$11.82	\$33.88	\$16.94	\$25.85	\$12.92	\$36.09	\$18.05
60–64	\$33.69	\$16.85	\$47.63	\$23.82	\$35.82	\$17.91	\$49.85	\$24.92
65–69	\$49.85	\$24.92	\$69.60	\$34.80	\$51.97	\$25.98	\$71.72	\$35.86
70+	\$69.42	\$34.71	\$97.85	\$48.92	\$71.63	\$35.82	\$99.97	\$49.98

Bi-Weekly Hospital Indemnity Rates

Employee Only	\$4.99
Employee + Spouse	\$12.36
Employee + Child(ren)	\$8.51
Employee + Family	\$15.60

Bi-Weekly Legal Rates

Employee	\$7.27
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Bi-Weekly Identity Protection Rates

Employee	\$3.90
Employee + Family	\$6.44