

Salaried Employee Contributions

Plan Year 2026: January 1, 2026 - December 31, 2026

MEDICAL/RX PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Premium	\$172.97	\$357.07	\$327.76	\$501.77
Preferred	\$65.98	\$148.44	\$136.27	\$208.58
Economy	\$13.09	\$45.34	\$41.59	\$63.73
HDHP	\$76.46	\$149.10	\$136.87	\$209.51

DENTAL PLAN RATES (BI-WEEKLY)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
High Option	\$0.00	\$8.70	\$16.95	\$25.93
Low Option	\$0.00	\$5.50	\$11.23	\$17.08

VISION RATES (BI-WEEKLY)

Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
\$1.77	\$3.37	\$3.54	\$5.26