

# 2026 TEAM MEMBER CONTRIBUTIONS

## Salaried Employees

Listed here are the premiums for your medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

### Medical Contributions

	BUY-UP		BASE		HDHP	
	Monthly	Semi-Monthly	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Team Member	\$229.64	\$114.82	\$165.36	\$82.68	\$101.74	\$50.87
Team Member + Spouse	\$918.56	\$459.28	\$661.46	\$330.73	\$406.97	\$203.49
Team Member + Child(ren)	\$459.28	\$229.64	\$330.73	\$165.36	\$203.49	\$101.74
Family	\$1,148.20	\$574.10	\$826.82	\$413.31	\$508.71	\$254.36

### Dental Contributions

	HIGH PLAN		LOW PLAN	
	Monthly	Semi-Monthly	Monthly	Semi-Monthly
Team Member	\$15.43	\$7.72	\$13.84	\$6.92
Team Member + Spouse	\$31.49	\$15.74	\$28.25	\$14.12
Team Member + Child(ren)	\$37.02	\$18.51	\$33.22	\$16.61
Family	\$54.97	\$27.49	\$49.31	\$24.65

### Vision Contributions

	VISION PLAN	
	Monthly	Semi-Monthly
Team Member	\$5.21	\$2.61
Team Member + Spouse	\$13.24	\$6.62
Team Member + Child(ren)	\$13.24	\$6.62
Family	\$13.24	\$6.62



# 2026 TEAM MEMBER CONTRIBUTIONS

## Salaried Employees

Listed here are the premiums for your Life/AD&D and Voluntary coverages. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

### Employee & Spouse Voluntary Life and AD&D Monthly Rate per \$1,000

Age	Rate
<20	\$0.060
20-24	\$0.060
25-29	\$0.060
30-34	\$0.090
35-39	\$0.100
40-44	\$0.120
45-49	\$0.180
50-54	\$0.310
55-59	\$0.510
60-64	\$0.790
65-69	\$1.520
70+	\$2.460
<b>Child Life - Rate per \$1,000</b>	
\$0.207	
<b>Voluntary AD&amp;D - Rate per \$1,000</b>	
\$0.036	

### Voluntary Accident Insurance

Coverage Tier	Monthly Rates
Employee Only	\$8.75
Employee + Spouse	\$14.33
Employee + Child(ren)	\$15.27
Employee + Family	\$20.85

### Voluntary Critical Illness Monthly Rate per \$1,000

Age	Rate
<25	\$0.19
25 - 29	\$0.27
30-34	\$0.37
35-39	\$0.55
40-44	\$0.83
45-49	\$1.22
50-54	\$1.75
55-59	\$2.36
60-64	\$3.41
65-69	\$4.85
70+	\$7.99
<b>Child (under 26) - Rate per \$7,500</b>	
\$2.78	

### Voluntary Hospital Indemnity Insurance

Coverage Tier	Monthly Rates
Employee Only	\$11.99
Employee + Spouse	\$25.69
Employee + Child(ren)	\$17.77
Employee + Family	\$31.47

