2026 TEAM MEMBER CONTRIBUTIONS

Hourly 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

	НДНР	BASE	BUY-UP
		Weekly Contribution	
Team Member	\$23.48	\$38.16	\$52.99
Team Member + Spouse	\$93.92	\$152.64	\$211.97
Team Member + Child(ren)	\$46.96	\$76.32	\$105.99
Family	\$117.40	\$190.81	\$264.97

Dental Contributions

	LOW PLAN	HIGH PLAN
	Weekly Contribution	
Team Member	\$3.19	\$3.56
Team Member + Spouse	\$6.52	\$7.27
Team Member + Child(ren)	\$7.67	\$8.54
Family	\$11.38	\$12.69

Vision Contributions

	VISION PLAN
	Weekly Contribution
Team Member	\$1.20
Team Member + Spouse	\$3.06
Team Member + Child(ren)	\$3.06
Family	\$3.06



2026 TEAM MEMBER CONTRIBUTIONS

Hourly Employees

Listed here are the premiums for your Life/AD&D, Disability and Voluntary coverages. The amount you pay 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

Child Life - Rate per \$1,000

\$0.207

Voluntary AD&D - Rate per \$1,000

\$0.207

Voluntary Short-Term Disability Monthly Rate per \$10

Age Rate <20 \$0.054 20-24 \$0.054 25-29 \$0.054 30-34 \$0.054 35-39 \$0.510 40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520 70+ \$1.670	600000	
20-24 \$0.054 25-29 \$0.054 30-34 \$0.054 35-39 \$0.510 40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	Age	Rate
25-29 \$0.054 30-34 \$0.054 35-39 \$0.510 40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	<20	\$0.054
30-34 \$0.054 35-39 \$0.510 40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	20-24	\$0.054
35-39 \$0.510 40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	25-29	\$0.054
40-44 \$0.510 45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	30-34	\$0.054
45-49 \$0.580 50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	35-39	\$0.510
50-54 \$0.720 55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	40-44	\$0.510
55-59 \$1.060 60-64 \$1.290 65-69 \$1.520	45-49	\$0.580
60-64 \$1.290 65-69 \$1.520	50-54	\$0.720
65-69 \$1.520	55-59	\$1.060
	60-64	\$1.290
70+ \$1,670	65-69	\$1.520
Ψ1.070	70+	\$1.670

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
Child (under 18) - Rate per \$7,500	
\$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

Voluntary Accident Insurance

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