

Benefits Rate Sheet Plan Year 2026

All full-time benefits eligible employees can elect or waive insurance coverage to commence on the 1st of the month following their date of hire. These employees are eligible for up to a \$15,000 employer-sponsored life insurance policy commensurate with their benefits eligibility. AFLAC & Voluntary Lincoln Life Insurance rates are calculated by the provider.

Bronze - HDHP HSA Medical & Pharmacy \$1700 deductible	Monthly Total	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$763.00	\$0.00	\$763.00	\$0.00
Employee & Spouse	\$1,417.00	\$709.00	\$709.00	\$354.25
Employee & Child(ren)	\$1,199.00	\$480.00	\$719.00	\$239.80
Employee & Family	\$1,908.00	\$858.00	\$1,049.00	\$429.19
Silver - PPO Medical & Pharmacy \$1000 deductible	Monthly Total	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$899.00	\$136.00	\$763.00	\$68.13
Employee & Spouse	\$1,526.00	\$763.00	\$763.00	\$381.50
Employee & Child(ren)	\$1,308.00	\$523.00	\$785.00	\$261.60
Employee & Family	\$2,071.00	\$932.00	\$1,139.00	\$465.98
Gold - PPO Medical & Pharmacy \$500 deductible	Monthly Total	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$954.00	\$191.00	\$763.00	\$95.38
Employee & Spouse	\$1,635.00	\$818.00	\$818.00	\$408.75
Employee & Child(ren)	\$1,363.00	\$545.00	\$818.00	\$272.50
Employee & Family	\$2,180.00	\$981.00	\$1,199.00	\$490.50

MetLife Dental	Total Monthly Plan Cost	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$47.87	\$0.00	\$47.87	\$0.00
Employee & Spouse	\$111.37	\$55.69	\$55.69	\$27.84
Employee & Child(ren)	\$111.65	\$44.66	\$66.99	\$22.33
Employee & Family	\$175.15	\$78.82	\$96.33	\$39.41

Willamette Dental HMO Plan	Total Monthly Plan Cost	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$48.00	\$0.00	\$48.00	\$0.00
Employee & Spouse	\$112.10	\$56.05	\$56.05	\$28.03
Employee & Child(ren)	\$101.10	\$40.44	\$60.66	\$20.22
Employee & Family	\$165.10	\$74.30	\$90.81	\$37.15

MetLife Vision	Total Monthly Plan Cost	Employee Semi-Monthly Rate	Employer Monthly Cost	Employee Cost per Paycheck
Employee Only	\$7.48	\$0.00	\$7.48	\$0.00
Employee & Spouse	\$15.00	\$7.50	\$7.50	\$3.75
Employee & Child(ren)	\$12.70	\$5.08	\$7.62	\$2.54
Employee & Family	\$20.94	\$9.42	\$11.52	\$4.71