



2026 Rate Sheet

2026 Health and welfare plan rates

2026 Medical and prescription drug plan rates

Covered person(s)	Non-tobacco user Weekly	Non-tobacco user Semi-Monthly	Non-tobacco user Monthly
Basic CDHP			
You only	\$14.02	\$30.39	\$60.77
You + spouse	\$76.57	\$165.91	\$331.81
You + child(ren)	\$49.64	\$107.56	\$215.12
You + family	\$96.77	\$209.66	\$419.32
Enhanced CDHP			
You only	\$32.26	\$69.89	\$139.78
You + spouse	\$84.14	\$182.31	\$364.62
You + child(ren)	\$54.69	\$118.51	\$237.01
You + family	\$106.58	\$230.93	\$461.85
PPO			
You only	\$39.29	\$85.13	\$170.25
You + spouse	\$102.27	\$221.58	\$443.15
You + child(ren)	\$63.84	\$138.33	\$276.66
You + family	\$126.82	\$274.79	\$549.57
All plans			
Tobacco use additional charge	\$9.23	\$20.00	\$40.00

If you and/or any of your covered dependents use tobacco, you will pay an additional \$40 per month for medical coverage. If you enroll in the company medical plan for 2026, you will be required to indicate your tobacco user status at the time you make your elections.

2026 Dental plan rates

Covered person(s)	Weekly	Semi-Monthly	Monthly
Base DPPO			
You only	\$2.47	\$5.36	\$10.72
You + spouse	\$4.94	\$10.71	\$21.42
You + child(ren)	\$7.17	\$15.54	\$31.07
You + family	\$7.92	\$17.15	\$34.30
Buy-Up DPPO			
You only	\$3.94	\$8.54	\$17.08
You + spouse	\$8.16	\$17.69	\$35.37
You + child(ren)	\$12.49	\$27.06	\$54.12
You + family	\$13.92	\$30.15	\$60.30

2026 Vision plan rates

Covered person(s)	Weekly	Semi-Monthly	Monthly
You only	\$0.69	\$1.49	\$2.97
You + spouse	\$1.37	\$2.97	\$5.94
You + child(ren)	\$1.71	\$3.72	\$7.43
You + family	\$1.89	\$4.09	\$8.17

2026 Legal services plan rates

Covered person	Weekly	Semi-Monthly	Monthly
You only	\$3.63	\$7.88	\$15.75



2026 Voluntary benefits plan rates

2026 Voluntary accident insurance

Covered person(s)	Weekly	Semi-Monthly	Monthly
You only	\$2.64	\$5.73	\$11.45
You + spouse	\$4.08	\$8.84	\$17.67
You + child(ren)	\$4.32	\$9.36	\$18.72
You + family	\$6.14	\$13.31	\$26.62

2026 Voluntary critical illness insurance

Age Band	Monthly Rates			
	You + Child(ren)*		Spouse	
	Per \$15,000 of Coverage	Per \$30,000 of Coverage	Per \$15,000 of Coverage	Per \$30,000 of Coverage
< 25	\$6.09	\$12.18	\$6.09	\$12.18
25-29	\$7.65	\$15.30	\$7.65	\$15.30
30-34	\$8.85	\$17.70	\$8.85	\$17.70
35-39	\$10.95	\$21.90	\$10.95	\$21.90
40-44	\$15.90	\$31.80	\$15.90	\$31.80
45-49	\$19.80	\$39.60	\$19.80	\$39.60
50-54	\$24.60	\$49.20	\$24.60	\$49.20
55-59	\$29.70	\$59.40	\$29.70	\$59.40
60-64	\$36.30	\$72.60	\$36.30	\$72.60
65-69	\$46.35	\$92.70	\$46.35	\$92.70
70-74	\$64.50	\$129.00	\$64.50	\$129.00
75-79	\$64.50	\$129.00	\$64.50	\$129.00
80-84	\$64.50	\$129.00	\$64.50	\$129.00

* Eligible dependent children are automatically included with associate coverage at 50% of the associate's elected coverage amount at no extra cost. You must enroll your dependent children via Workday to receive this free coverage.

2026 Voluntary hospital indemnity insurance

Covered person(s)	Weekly	Semi-Monthly	Monthly
You only	\$2.99	\$6.49	\$12.97
You + spouse	\$6.00	\$13.00	\$25.99
You + child(ren)	\$5.96	\$12.91	\$25.81
You + family	\$8.45	\$18.32	\$36.63

2026 Life, supplemental and disability

2026 Long-term Disability insurance rates

Option	Monthly rates per \$100 of covered payroll	Example	
50% option	\$0.360	Frozen earnings:	\$27,400
		Benefit:	50% option
60% option	\$0.901	Annual premium:	$\$27,400/100 = \$274.00 \times \$0.360 = \98.64 $\$98.64/52 = \1.90 per weekly pay period or $\$98.64/24 = \4.11 per semi-monthly pay period

You must provide Evidence of Insurability (EOI) before you can be approved for coverage if you have no LTD coverage and you elect the 50% or 60% benefit option. Associates currently enrolled in the 50% LTD plan may elect to increase to the 60% LTD plan without EOI.

2026 Supplemental life insurance rates

Age	Monthly rates per \$1,000 of coverage	
	Non-tobacco user	Tobacco user
Under 25	\$0.034	\$0.060
25–29	\$0.043	\$0.068
30–34	\$0.060	\$0.085
35–39	\$0.068	\$0.102
40–44	\$0.077	\$0.111
45–49	\$0.111	\$0.170
50–54	\$0.170	\$0.255
55–59	\$0.315	\$0.476
60–64	\$0.476	\$0.731
65–69	\$0.918	\$1.403
70 Plus	\$1.488	\$2.355

EXAMPLE

To calculate your cost:

$\frac{\text{Coverage amount}}{1,000} \times \text{rate} = \text{Monthly rate}$	$\frac{\text{Monthly rate} \times 12}{52} = \text{Weekly deduction}$	$\frac{\text{Monthly rate}}{2} = \text{Semi-monthly deduction}$
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If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of 1x your salary or is above the guaranteed issue amount of the lesser of 5x your salary or \$1,000,000. For late entrant (enrolling after waiving during initial eligibility), all amounts require EOI. Elected amounts in excess of the guaranteed issue limit are subject to EOI. Elected coverage cannot exceed \$2,000,000 combined between Basic and Supplemental Life.

2026 Supplemental dependent life insurance rates — spouse

Coverage level*	Weekly	Semi-Monthly	Monthly
\$15,000	\$0.88	\$1.91	\$3.81
\$25,000	\$1.47	\$3.18	\$6.35
\$50,000	\$2.93	\$6.35	\$12.70
\$75,000	\$4.40	\$9.53	\$19.05
\$100,000	\$5.86	\$12.70	\$25.40

2026 Supplemental dependent life insurance rates — child(ren)

Coverage level	Weekly	Semi-Monthly	Monthly
\$2,000	\$0.05	\$0.10	\$0.20
\$5,000	\$0.12	\$0.25	\$0.50
\$10,000	\$0.23	\$0.50	\$1.00
\$15,000	\$0.35	\$0.75	\$1.50
\$25,000	\$0.58	\$1.25	\$2.50

* If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of one increment or is above the guaranteed issue amount of \$50,000. For late entrant (enrolling after waiving during initial eligibility), EOI is required for all amounts elected. Elected amounts in excess of the plan guaranteed issue limit are subject to EOI. Please note that there is no EOI required for supplemental dependent child life coverage at any level.

2026 Supplemental accidental death and dismemberment insurance rates

Coverage	Weekly		Semi-Monthly	
	You	You + family	You	You + family
\$20,000	\$0.07	\$0.11	\$0.15	\$0.23
\$30,000	\$0.10	\$0.16	\$0.23	\$0.35
\$40,000	\$0.14	\$0.21	\$0.30	\$0.46
\$50,000	\$0.17	\$0.27	\$0.38	\$0.58
\$60,000	\$0.21	\$0.32	\$0.45	\$0.69
\$70,000	\$0.24	\$0.37	\$0.53	\$0.81
\$80,000	\$0.28	\$0.42	\$0.60	\$0.92
\$90,000	\$0.31	\$0.48	\$0.68	\$1.04
\$100,000	\$0.35	\$0.53	\$0.75	\$1.15
\$150,000	\$0.52	\$0.80	\$1.13	\$1.73
\$200,000	\$0.69	\$1.06	\$1.50	\$2.30
\$250,000	\$0.87	\$1.33	\$1.88	\$2.88
\$300,000	\$1.04	\$1.59	\$2.25	\$3.45
\$350,000	\$1.21	\$1.86	\$2.63	\$4.03
\$400,000	\$1.38	\$2.12	\$3.00	\$4.60
\$450,000	\$1.56	\$2.39	\$3.38	\$5.18
\$500,000	\$1.73	\$2.65	\$3.75	\$5.75
\$550,000	\$1.90	\$2.92	\$4.13	\$6.33
\$600,000	\$2.08	\$3.18	\$4.50	\$6.90
\$650,000	\$2.25	\$3.45	\$4.88	\$7.48
\$700,000	\$2.42	\$3.72	\$5.25	\$8.05
\$750,000	\$2.60	\$3.98	\$5.63	\$8.63

The maximum amount of coverage for you is \$750,000.