

RATES

2026 Employee Contributions

January 1, 2026- December 31, 2026



Your contributions toward the cost of medical, dental, vision and voluntary Guardian coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Monthly)					
	Cigna Open Access Plus (OAP)		Cigna Choice Fund (HDHP) w/ HSA		Cigna One Health (HMO) (available in Illinois and Northern Indiana)	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$179.40	\$194.40	\$121.80	\$136.80	\$125.00	\$140.00
Employee + Spouse	\$391.70	\$416.70	\$259.70	\$284.70	\$280.70 _(EE + 1)	\$305.70 _{EE+1)}
Employee + Child(ren)	\$361.25	\$386.25	\$237.05	\$262.05	N/A	N/A
Family	\$717.75	\$752.75	\$458.15	\$493.15	\$493.80	\$528.80

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Monthly)	
	Cigna Dental PPO	Cigna Dental HMO
Employee Only	\$19.00	\$11.30
Employee + 1	\$39.00	\$22.80
Family	\$59.70	\$33.40

VISION COVERAGE

Coverage Tier	Employee Contribution (Monthly)	
	Eye Med Vision Plan	
Employee Only	\$5.04	
Employee + Spouse	\$9.58	
Employee + Child(ren)	\$10.08	
Family	\$14.82	

EMPLOYEE LIFE COVERAGE

Coverage Tier	Employee Contribution (Monthly)	
	Coverage	Cost
Employee Basic Life & AD&D	\$25K	\$0

Optional Supplemental Life Options

Employee Supplemental Life	Up to \$500K	Age based (see page 2)
Spouse Optional Life	Up to \$100K	Age based (see page 2)
Dependent Child(ren) Life	\$10,000	\$0.94

Optional Accidental Death & Dismemberment Life Options

Employee AD&D	Up to \$500K	Amount based (see page 3)
Spouse AD&D	Up to \$100K	Amount based (see page 3)
Child(ren) AD	Up to \$1k	Amount based (see page 3)

Optional Employee Supplemental Life Insurance (Monthly)

Emp Age	Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$100K	\$150K	\$250K	\$350K	\$500K
<25	\$0.044	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$4.40	\$6.60	\$11.00	\$15.40	\$22.00
25-29	\$0.046	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$4.60	\$6.90	\$11.50	\$16.10	\$23.00
30-34	\$0.062	\$0.62	\$1.24	\$1.86	\$2.48	\$3.10	\$6.20	\$9.30	\$15.50	\$21.70	\$31.00
35-39	\$0.079	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$7.90	\$11.85	\$19.75	\$27.65	\$39.50
40-44	\$0.095	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$9.50	\$14.25	\$23.75	\$33.25	\$47.50
45-49	\$0.142	\$1.42	\$2.84	\$4.26	\$5.68	\$7.10	\$14.20	\$21.30	\$35.50	\$49.70	\$71.00
50-54	\$0.230	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$23.00	\$34.50	\$57.50	\$80.50	\$115.00
55-59	\$0.416	\$4.16	\$8.32	\$12.48	\$16.64	\$20.80	\$41.60	\$62.40	\$104.00	\$145.60	\$208.00
60-64	\$0.582	\$5.82	\$11.64	\$17.46	\$23.28	\$29.10	\$58.20	\$87.30	\$145.50	\$203.70	\$291.00
65-69	\$1.100	\$11.00	\$22.00	\$33.00	\$44.00	\$55.00	\$110.00	\$165.00	\$275.00	\$385.00	\$550.00
70+	\$1.782	\$17.82	\$35.64	\$53.46	\$71.28	\$89.10	\$178.20	\$267.30	\$445.50	\$623.70	\$891.00

Optional Spouse Supplemental Life Insurance (Monthly)

Emp Age	Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$60K	\$70K	\$80K	\$90K	\$100K
<25	\$0.044	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96	\$4.40
25-29	\$0.046	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60
30-34	\$0.062	\$0.62	\$1.24	\$1.86	\$2.48	\$3.10	\$3.72	\$4.34	\$4.96	\$5.58	\$6.20
35-39	\$0.079	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$4.74	\$5.53	\$6.32	\$7.11	\$7.90
40-44	\$0.095	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$5.70	\$6.65	\$7.60	\$8.55	\$9.50

45-49	\$0.142	\$1.42	\$2.84	\$4.26	\$5.68	\$7.10	\$8.52	\$9.94	\$11.36	\$12.78	\$14.20
50-54	\$0.230	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$13.80	\$16.10	\$18.40	\$20.70	\$23.00
55-59	\$0.415	\$4.15	\$8.30	\$12.45	\$16.60	\$20.75	\$24.90	\$29.05	\$33.20	\$37.35	\$41.50
60-64	\$0.582	\$5.82	\$11.64	\$17.46	\$23.28	\$29.10	\$34.92	\$40.74	\$46.56	\$52.38	\$58.20
65-69	\$1.100	\$11.00	\$22.00	\$33.00	\$44.00	\$55.00	\$66.00	\$77.00	\$88.00	\$99.00	\$110.00
70+	\$1.782	\$17.82	\$35.64	\$53.46	\$71.28	\$89.10	\$106.92	\$124.74	\$142.56	\$160.38	\$178.20

Optional Employee Accidental Death & Dismemberment Life Insurance (Monthly)

Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$100K	\$150K	\$250K	\$350K	\$500K
\$0.021	\$0.21	\$0.42	\$0.63	\$0.84	\$1.05	\$2.10	\$3.15	\$5.25	\$7.35	\$10.50

Optional Spouse Accidental Death & Dismemberment Life Insurance (Monthly)

Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$60K	\$70K	\$80K	\$90K	\$100K
\$0.028	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$1.68	\$1.96	\$2.24	\$2.52	\$2.80

Optional Child(ren) Accidental Death & Dismemberment Life Insurance (Monthly)

Rate	\$1K	\$2K	\$3K	\$4K	\$5K	\$6K	\$7K	\$8K	\$9K	\$10K
\$0.003	\$0.03	\$0.06	\$0.08	\$0.11	\$0.14	\$0.17	\$0.20	\$0.22	\$0.25	\$0.28

ADDITIONAL VOLUNTARY COVERAGE

Coverage Tier	Employee Contribution (Monthly)		
	Accident Insurance	Hospital Indemnity	Critical Illness
Employee Only	\$12.66	\$22.36	Age Based (See page 4)
Employee+ Spouse	\$20.38	\$47.00	Age Based (See page 4)
Employee + Child(ren)	\$21.38	\$34.20	Children covered if elected during enrollment
Family	\$29.10	\$58.84	N/A

Employee Critical Illness Coverage (Monthly)

Emp Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	Non-Tobacco	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
	Tobacco	\$5.06	\$10.10	\$15.16	\$20.20	\$25.26	\$30.30
30-39	Non-Tobacco	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00
	Tobacco	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20
40-49	Non-Tobacco	\$5.80	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80
	Tobacco	\$13.50	\$27.00	\$40.50	\$54.00	\$67.50	\$81.00
50-59	Non-Tobacco	\$10.70	\$21.40	\$32.10	\$42.80	\$53.50	\$64.20
	Tobacco	\$29.66	\$59.30	\$88.96	\$118.60	\$148.26	\$177.90
60-69	Non-Tobacco	\$19.16	\$38.30	\$57.46	\$76.60	\$95.76	\$114.90
	Tobacco	\$59.60	\$119.20	\$178.80	\$238.40	\$298.00	\$357.60
70+	Non-Tobacco	\$37.26	\$74.50	\$111.76	\$149.00	\$186.26	\$223.50
	Tobacco	\$113.06	\$226.10	\$339.16	\$452.20	\$565.26	\$678.30

Spouse Critical Illness Coverage (Monthly)

Emp Age		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
<30	Non-Tobacco	\$1.46	\$2.90	\$4.36	\$5.80	\$7.26	\$8.70
	Tobacco	\$2.54	\$5.06	\$7.58	\$10.10	\$12.64	\$15.16
30-39	Non-Tobacco	\$1.76	\$3.50	\$5.26	\$7.00	\$8.76	\$10.50
	Tobacco	\$3.36	\$6.70	\$10.06	\$13.40	\$16.76	\$20.10
40-49	Non-Tobacco	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
	Tobacco	\$6.76	\$13.50	\$20.26	\$27.00	\$33.76	\$40.50
50-59	Non-Tobacco	\$5.36	\$10.70	\$16.06	\$21.40	\$26.76	\$32.10
	Tobacco	\$14.84	\$29.66	\$44.48	\$59.30	\$74.14	\$88.96
60-69	Non-Tobacco	\$9.58	\$19.16	\$28.74	\$38.30	\$47.88	\$57.46
	Tobacco	\$29.80	\$59.60	\$89.40	\$119.20	\$149.00	\$178.80
70+	Non-Tobacco	\$18.64	\$37.26	\$55.88	\$74.50	\$93.14	\$111.76
	Tobacco	\$56.54	\$113.06	\$169.58	\$226.10	\$282.64	\$339.16