

Monthly Premium Chart



12/01/2025 to 12/31/2026

Age At enrollment until plan anniversary	Option 1 - HMO Health Plan Blue Shield Platinum \$25 Access+ Network Region 17	Option 2 - HMO Health Plan Blue Shield Platinum \$25 Trio Network Region 17	Option 3 - HMO Health Plan Blue Shield Gold 500 Access+ Network Region 17	Option 4 - HMO Health Plan Blue Shield Gold 500 Trio Network Region 17
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*PedDtl Rate

*Pediatric Dental Rate Included for age 19 and under below

	Employee or Dependent	Employee or Dependent	Employee or Dependent	Employee or Dependent
0-14	\$375.78	\$346.98	\$347.17	\$321.04
15	\$409.18	\$377.82	\$378.03	\$349.58
16	\$421.96	\$389.61	\$389.83	\$360.49
17	\$434.73	\$401.40	\$401.63	\$371.40
18	\$448.48	\$414.10	\$414.34	\$383.15
19	\$462.24	\$426.80	\$427.04	\$394.91
20	\$476.48	\$439.96	\$440.21	\$407.08
21	\$491.22	\$453.56	\$453.82	\$419.67
22	\$491.22	\$453.56	\$453.82	\$419.67
23	\$491.22	\$453.56	\$453.82	\$419.67
24	\$491.22	\$453.56	\$453.82	\$419.67
25	\$493.18	\$455.38	\$455.63	\$421.34
26	\$503.01	\$464.45	\$464.71	\$429.74
27	\$514.80	\$475.33	\$475.60	\$439.81
28	\$533.95	\$493.02	\$493.30	\$456.18
29	\$549.67	\$507.54	\$507.82	\$469.61
30	\$557.53	\$514.79	\$515.09	\$476.32
31	\$569.32	\$525.68	\$525.98	\$486.39
32	\$581.11	\$536.57	\$536.87	\$496.46
33	\$588.48	\$543.37	\$543.68	\$502.76
34	\$596.34	\$550.63	\$550.94	\$509.47
35	\$600.27	\$554.25	\$554.57	\$512.83
36	\$604.20	\$557.88	\$558.20	\$516.19
37	\$608.13	\$561.51	\$561.83	\$519.55
38	\$612.06	\$565.14	\$565.46	\$522.90
39	\$619.92	\$572.40	\$572.72	\$529.62
40	\$627.78	\$579.65	\$579.98	\$536.33
41	\$639.57	\$590.54	\$590.87	\$546.40
42	\$650.86	\$600.97	\$601.31	\$556.06
43	\$666.58	\$615.49	\$615.83	\$569.49
44	\$686.23	\$633.63	\$633.99	\$586.27
45	\$709.32	\$654.95	\$655.32	\$606.00
46	\$736.83	\$680.34	\$680.73	\$629.50
47	\$767.77	\$708.92	\$709.32	\$655.94
48	\$803.14	\$741.58	\$742.00	\$686.15
49	\$838.02	\$773.78	\$774.22	\$715.95
50	\$877.32	\$810.06	\$810.52	\$749.52
51	\$916.12	\$845.90	\$846.37	\$782.68
52	\$958.86	\$885.36	\$885.86	\$819.19
53	\$1,002.08	\$925.27	\$925.79	\$856.12
54	\$1,048.75	\$968.36	\$968.91	\$895.99
55	\$1,095.42	\$1,011.45	\$1,012.02	\$935.85
56	\$1,146.01	\$1,058.16	\$1,058.76	\$979.08
57	\$1,197.10	\$1,105.33	\$1,105.96	\$1,022.73
58	\$1,251.62	\$1,155.68	\$1,156.33	\$1,069.31
59	\$1,278.64	\$1,180.62	\$1,181.29	\$1,092.39
60	\$1,333.17	\$1,230.97	\$1,231.67	\$1,138.97
61	\$1,380.32	\$1,274.51	\$1,275.23	\$1,179.26
62	\$1,411.27	\$1,303.09	\$1,303.82	\$1,205.70
63	\$1,450.08	\$1,338.92	\$1,339.68	\$1,238.85
64+	\$1,473.65	\$1,360.68	\$1,361.46	\$1,259.00

Option - A Vision Plan Blue Shield				Unbundled (without employee premium)			
All Ages	Employee	Employee & Spouse	Employee/Child (rer Employee & Spouse & Child(ren)	Spouse	Children	Spouse & Children	
	\$10.90	\$20.80	\$18.90	\$26.90	\$9.90	\$8.00	\$16.00

Option - B DPPO Dental Plan Guardian				Unbundled (without employee premium)			
All Ages	Employee	Employee & Spouse	Employee/Child (rer Employee & Spouse & Child(ren)	Spouse	Children	Spouse & Children	
	\$56.70	\$118.78	\$108.41	\$173.08	\$62.08	\$51.71	\$116.38

Option - C LIFE Group Life Plan \$15,000 Blue Shield	
All Ages	Age banded

Monthly Employer Contribution Chart



12/01/2025 to 12/31/2026

Option 1 - HMO Health Plan
Blue Shield
Platinum \$25
Access+ Network

Option 2 - HMO Health Plan
Blue Shield
Platinum \$25
Trio Network

Option 3 - HMO Health Plan
Blue Shield
Gold 500
Access+ Network

Option 4 - HMO Health Plan
Blue Shield
Gold 500
Trio Network

Employer Allowance Formula/Amount:

Employee	80%				Same as Opt 1				Same as Opt 1				Same as Opt 3			
	0%				Same as Opt 1				Same as Opt 1				Same as Opt 3			
	EMPLOYER SHARE		Employee Share		EMPLOYER SHARE		Employee Share		EMPLOYER SHARE		Employee Share		EMPLOYER SHARE		Employee Share	
	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep
0-14	300.62	0.00	75.16	375.78	300.62	0.00	46.36	346.98	300.62	0.00	46.55	347.17	300.62	0.00	20.42	321.04
15	327.34	0.00	81.84	409.18	327.34	0.00	50.48	377.82	327.34	0.00	50.69	378.03	327.34	0.00	22.24	349.58
16	337.57	0.00	84.39	421.96	337.57	0.00	52.04	389.61	337.57	0.00	52.26	389.83	337.57	0.00	22.92	360.49
17	347.78	0.00	86.95	434.73	347.78	0.00	53.62	401.40	347.78	0.00	53.85	401.63	347.78	0.00	23.62	371.40
18	358.78	0.00	89.70	448.48	358.78	0.00	55.32	414.10	358.78	0.00	55.56	414.34	358.78	0.00	24.37	383.15
19	369.79	0.00	92.45	462.24	369.79	0.00	57.01	426.80	369.79	0.00	57.25	427.04	369.79	0.00	25.12	394.91
20	381.18	0.00	95.30	476.48	381.18	0.00	58.78	439.96	381.18	0.00	59.03	440.21	381.18	0.00	25.90	407.08
21	392.98	0.00	98.24	491.22	392.98	0.00	60.58	453.56	392.98	0.00	60.84	453.82	392.98	0.00	26.69	419.67
22	392.98	0.00	98.24	491.22	392.98	0.00	60.58	453.56	392.98	0.00	60.84	453.82	392.98	0.00	26.69	419.67
23	392.98	0.00	98.24	491.22	392.98	0.00	60.58	453.56	392.98	0.00	60.84	453.82	392.98	0.00	26.69	419.67
24	392.98	0.00	98.24	491.22	392.98	0.00	60.58	453.56	392.98	0.00	60.84	453.82	392.98	0.00	26.69	419.67
25	394.54	0.00	98.64	493.18	394.54	0.00	60.84	455.38	394.54	0.00	61.09	455.63	394.54	0.00	26.80	421.34
26	402.41	0.00	100.60	503.01	402.41	0.00	62.04	464.45	402.41	0.00	62.30	464.71	402.41	0.00	27.33	429.74
27	411.84	0.00	102.96	514.80	411.84	0.00	63.49	475.33	411.84	0.00	63.76	475.60	411.84	0.00	27.97	439.81
28	427.16	0.00	106.79	533.95	427.16	0.00	65.86	493.02	427.16	0.00	66.14	493.30	427.16	0.00	29.02	456.18
29	439.74	0.00	109.93	549.67	439.74	0.00	67.80	507.54	439.74	0.00	68.08	507.82	439.74	0.00	29.87	469.61
30	446.02	0.00	111.51	557.53	446.02	0.00	68.77	514.79	446.02	0.00	69.07	515.09	446.02	0.00	30.30	476.32
31	455.46	0.00	113.86	569.32	455.46	0.00	70.22	525.68	455.46	0.00	70.52	525.98	455.46	0.00	30.93	486.39
32	464.89	0.00	116.22	581.11	464.89	0.00	71.68	536.57	464.89	0.00	71.98	536.87	464.89	0.00	31.57	496.46
33	470.78	0.00	117.70	588.48	470.78	0.00	72.59	543.37	470.78	0.00	72.90	543.68	470.78	0.00	31.98	502.76
34	477.07	0.00	119.27	596.34	477.07	0.00	73.56	550.63	477.07	0.00	73.87	550.94	477.07	0.00	32.40	509.47
35	480.22	0.00	120.05	600.27	480.22	0.00	74.03	554.25	480.22	0.00	74.35	554.57	480.22	0.00	32.61	512.83
36	483.36	0.00	120.84	604.20	483.36	0.00	74.52	557.88	483.36	0.00	74.84	558.20	483.36	0.00	32.83	516.19
37	486.50	0.00	121.63	608.13	486.50	0.00	75.01	561.51	486.50	0.00	75.33	561.83	486.50	0.00	33.05	519.55
38	489.65	0.00	122.41	612.06	489.65	0.00	75.49	565.14	489.65	0.00	75.81	565.46	489.65	0.00	33.25	522.90
39	495.94	0.00	123.98	619.92	495.94	0.00	76.46	572.40	495.94	0.00	76.78	572.72	495.94	0.00	33.68	529.62
40	502.22	0.00	125.56	627.78	502.22	0.00	77.43	579.65	502.22	0.00	77.76	579.98	502.22	0.00	34.11	536.33
41	511.66	0.00	127.91	639.57	511.66	0.00	78.88	590.54	511.66	0.00	79.21	590.87	511.66	0.00	34.74	546.40
42	520.69	0.00	130.17	650.86	520.69	0.00	80.28	600.97	520.69	0.00	80.62	601.31	520.69	0.00	35.37	556.06
43	533.26	0.00	133.32	666.58	533.26	0.00	82.23	615.49	533.26	0.00	82.57	615.83	533.26	0.00	36.23	569.49
44	548.98	0.00	137.25	686.23	548.98	0.00	84.65	633.63	548.98	0.00	85.01	633.99	548.98	0.00	37.29	586.27
45	567.46	0.00	141.86	709.32	567.46	0.00	87.49	654.95	567.46	0.00	87.86	655.32	567.46	0.00	38.54	606.00
46	589.46	0.00	147.37	736.83	589.46	0.00	90.88	680.34	589.46	0.00	91.27	680.73	589.46	0.00	40.04	629.50
47	614.22	0.00	153.55	767.77	614.22	0.00	94.70	708.92	614.22	0.00	95.10	709.32	614.22	0.00	41.72	655.94
48	642.51	0.00	160.63	803.14	642.51	0.00	99.07	741.58	642.51	0.00	99.49	742.00	642.51	0.00	43.64	686.15
49	670.42	0.00	167.60	838.02	670.42	0.00	103.36	773.78	670.42	0.00	103.80	774.22	670.42	0.00	45.53	715.95
50	701.86	0.00	175.46	877.32	701.86	0.00	108.20	810.06	701.86	0.00	108.66	810.52	701.86	0.00	47.66	749.52
51	732.90	0.00	183.22	916.12	732.90	0.00	113.00	845.90	732.90	0.00	113.47	846.37	732.90	0.00	49.78	782.68
52	767.09	0.00	191.77	958.86	767.09	0.00	118.27	885.36	767.09	0.00	118.77	885.86	767.09	0.00	52.10	819.19
53	801.66	0.00	200.42	1002.08	801.66	0.00	123.61	925.27	801.66	0.00	124.13	925.79	801.66	0.00	54.46	856.12
54	839.00	0.00	209.75	1048.75	839.00	0.00	129.36	968.36	839.00	0.00	129.91	968.91	839.00	0.00	56.99	895.99
55	876.34	0.00	219.08	1095.42	876.34	0.00	135.11	1011.45	876.34	0.00	135.68	1012.02	876.34	0.00	59.51	935.85
56	916.81	0.00	229.20	1146.01	916.81	0.00	141.35	1058.16	916.81	0.00	141.95	1058.76	916.81	0.00	62.27	979.08
57	957.68	0.00	239.42	1197.10	957.68	0.00	147.65	1105.33	957.68	0.00	148.28	1105.96	957.68	0.00	65.05	#####
58	1001.30	0.00	250.32	1251.62	1001.30	0.00	154.38	1155.68	1001.30	0.00	155.03	1156.33	#####	0.00	68.01	#####
59	1022.91	0.00	255.73	1278.64	1022.91	0.00	157.71	1180.62	1022.91	0.00	158.38	1181.29	#####	0.00	69.48	#####
60	1066.54	0.00	266.63	1333.17	1066.54	0.00	164.43	1230.97	1066.54	0.00	165.13	1231.67	#####	0.00	72.43	#####
61	1104.26	0.00	276.06	1380.32	1104.26	0.00	170.25	1274.51	1104.26	0.00	170.97	1275.23	#####	0.00	75.00	#####
62	1129.02	0.00	282.25	1411.27	1129.02	0.00	174.07	1303.09	1129.02	0.00	174.80	1303.82	#####	0.00	76.68	#####
63	1160.06	0.00	290.02	1450.08	1160.06	0.00	178.86	1338.92	1160.06	0.00	179.62	1339.68	#####	0.00	78.79	#####
64+	1178.92	0.00	294.73	1473.65	1178.92	0.00	181.76	1360.68	1178.92	0.00	182.54	1361.46	#####	0.00	80.08	#####

Option - A Vision Plan Blue Shield					Monthly Employee Share of Premium				
All Ages	Employee	Spouse Only	Child(ren) Only	Spouse&Child(ren) Only	Employee	Add for Spouse	Add for Child(ren)	Add for Spouse&Child(ren)	
All Ages	\$10.90	\$9.90	\$8.00	\$16.00	\$0.00	\$0.00	\$0.00	\$0.00	

Option - B DPPO Dental Plan Guardian					Monthly Employee Share of Premium				
All Ages	Employee	Spouse Only	Child(ren) Only	Spouse&Child(ren) Only	Employee	Add for Spouse	Add for Child(ren)	Add for Spouse&Child(ren)	
All Ages	\$56.70	\$62.08	\$51.71	\$116.38	\$0.00	\$0.00	\$0.00	\$0.00	

Option - C LIFE Group Life Plan \$15,000 Blue Shield					Monthly Employee Share of Premium				
All Ages	Employee	Spouse Only	Child(ren) Only	Spouse&Child(ren) Only	Employee	Add for Spouse	Add for Child(ren)	Add for Spouse&Child(ren)	
All Ages									

26 Pay Periods

Deduction Chart (Shown Per Pay period)



12/01/2025 to 12/31/2026

Age At enrollment until plan anniversary	Option 1 - HMO Health Plan Blue Shield Platinum \$25 Access+ Network	Option 2 - HMO Health Plan Blue Shield Platinum \$25 Trio Network	Option 3 - HMO Health Plan Blue Shield Gold 500 Access+ Network	Option 4 - HMO Health Plan Blue Shield Gold 500 Trio Network
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*Pediatric Dental Rate Included for age 19 and under in table below

	Empl	Dep	Empl	Dep	Empl	Dep	Empl	Dep
0-14	34.69	173.44	21.40	160.14	21.48	160.23	9.42	148.17
15	37.77	188.85	23.30	174.38	23.39	174.48	10.26	161.34
16	38.95	194.75	24.02	179.82	24.12	179.92	10.58	166.38
17	40.13	200.64	24.75	185.26	24.85	185.37	10.90	171.42
18	41.40	206.99	25.53	191.12	25.64	191.23	11.25	176.84
19	42.67	213.34	26.31	196.98	26.42	197.10	11.59	182.27
20	43.98	219.91	27.13	203.06	27.24	203.17	11.95	187.88
21	45.34	226.72	27.96	209.34	28.08	209.46	12.32	193.69
22	45.34	226.72	27.96	209.34	28.08	209.46	12.32	193.69
23	45.34	226.72	27.96	209.34	28.08	209.46	12.32	193.69
24	45.34	226.72	27.96	209.34	28.08	209.46	12.32	193.69
25	45.52	227.62	28.08	210.18	28.19	210.29	12.37	194.46
26	46.43	232.16	28.63	214.36	28.75	214.48	12.61	198.34
27	47.52	237.60	29.30	219.38	29.43	219.51	12.91	202.99
28	49.29	246.44	30.40	227.55	30.53	227.68	13.39	210.54
29	50.74	253.69	31.29	234.25	31.42	234.38	13.79	216.74
30	51.46	257.32	31.74	237.60	31.88	237.73	13.98	219.84
31	52.55	262.76	32.41	242.62	32.55	242.76	14.28	224.49
32	53.64	268.20	33.08	247.65	33.22	247.79	14.57	229.14
33	54.32	271.61	33.50	250.79	33.64	250.93	14.76	232.04
34	55.05	275.23	33.95	254.14	34.09	254.28	14.95	235.14
35	55.41	277.05	34.17	255.81	34.32	255.96	15.05	236.69
36	55.77	278.86	34.39	257.48	34.54	257.63	15.15	238.24
37	56.14	280.68	34.62	259.16	34.77	259.31	15.25	239.79
38	56.50	282.49	34.84	260.83	34.99	260.98	15.35	241.34
39	57.22	286.12	35.29	264.18	35.44	264.33	15.55	244.44
40	57.95	289.74	35.74	267.53	35.89	267.68	15.74	247.54
41	59.04	295.19	36.41	272.56	36.56	272.71	16.04	252.18
42	60.08	300.40	37.05	277.37	37.21	277.53	16.33	256.64
43	61.53	307.65	37.95	284.07	38.11	284.23	16.72	262.84
44	63.34	316.72	39.07	292.44	39.23	292.61	17.21	270.59
45	65.48	327.38	40.38	302.28	40.55	302.46	17.79	279.69
46	68.02	340.08	41.94	314.00	42.12	314.18	18.48	290.54
47	70.87	354.36	43.71	327.19	43.89	327.38	19.26	302.74
48	74.14	370.68	45.72	342.27	45.92	342.46	20.14	316.68
49	77.36	386.78	47.71	357.13	47.91	357.33	21.02	330.44
50	80.98	404.92	49.94	373.87	50.15	374.09	22.00	345.93
51	84.56	422.82	52.16	390.42	52.37	390.63	22.98	361.24
52	88.51	442.55	54.59	408.63	54.82	408.86	24.05	378.09
53	92.50	462.50	57.05	427.05	57.29	427.29	25.13	395.13
54	96.81	484.04	59.70	446.94	59.96	447.19	26.30	413.53
55	101.12	505.58	62.36	466.82	62.62	467.09	27.47	431.93
56	105.79	528.93	65.24	488.38	65.52	488.66	28.74	451.88
57	110.50	552.51	68.15	510.15	68.44	510.44	30.02	472.03
58	115.53	577.67	71.25	533.39	71.55	533.69	31.39	493.53
59	118.03	590.14	72.79	544.90	73.10	545.21	32.07	504.18
60	123.06	615.31	75.89	568.14	76.22	568.46	33.43	525.68
61	127.41	637.07	78.58	588.24	78.91	588.57	34.62	544.27
62	130.27	651.36	80.34	601.43	80.68	601.76	35.39	556.48
63	133.85	669.27	82.55	617.96	82.90	618.31	36.36	571.78
64+	136.03	680.15	83.89	628.01	84.25	628.37	36.96	581.08

Option - A Vision Plan Blue Shield

	Employee	Add for Spouse	Add for Children	Add for Spouse & Children
All Ages	0.00	0.00	0.00	0.00

Option - B DPPO Dental Plan Guardian

	Employee	Add for Spouse	Add for Children	Add for Spouse & Children
All Ages	0.00	0.00	0.00	0.00

Option - C LIFE Group Life Plan \$15,000 Blue Shield

	Employee
All Ages	0.00

Deciphering Payroll Deductions

12/01/2025 to 12/31/2026



Step 1:

Select the plan you desire and the amounts based on age for each family member.

For families with more than three children, the new law states that a premium will apply for each child age 19 or younger but only for the first three children. (the fourth child or more are "free" (at least for insurance). But for children over age 19, you must add the premium based on actual age of the (adult) child.

See example to the right ->

EXAMPLE: Picking Option 1 on the Payroll Deduction Chart

	Age	Per-Pay-Period Deduction	YOUR FIGURES
Employee	48	\$74.14	\$ _____
Spouse	43	\$307.65	\$ _____
Child 1	8	\$173.44	\$ _____
Child 2	12	\$173.44	\$ _____
Child 3	15	\$173.44	\$ _____
Child 4	17	No Chrg	\$ _____

(only a premium for more than 3 kids if the child is over 19)

Child 5	21		\$ _____
Child 6	22		\$ _____
TOTAL		\$902.10	\$ _____
Plus any ancillary benefits if applicable (dental, vision, etc.)			\$ _____



Step 2: Congratulate yourself! You are now able to pass the entrance exam to MIT. At least the math portion.



Step 3: Don't forget tax savings. Your payroll deduction will be taken out on a "pre-tax basis" using our cafeteria plan.

This will reduce the amount you owe for Federal, State and Social Security taxes.

Please see example to the right ->

Fact 1: Wages Trigger Taxes

Fact 2: Payroll deductions for our benefits do not trigger taxes!

CAFETERIA PLAN TAX SAVINGS EXAMPLE

Amount of Payroll Deductions for Benefits -> **\$902.10**

Example of Pre-Tax Savings -> **\$231.39**
(7.65% FICA; 15% FIT; 3% SIT) 25.65%

Approximate Impact on Take Home Pay -> **\$670.71**

CAFETERIA PLAN ILLUSTRATION NOTES:

FICA = Social Security & Medicare payroll taxes
FIT = Federal Income Tax Withholding
SIT = State Income Tax Withholding

Your tax bracket may be higher (greater savings) or lower (less savings) than examples shown above.

The illustrations above are intended to show an example of savings in our cafeteria plan and not to provide tax advice. Please see your tax advisor on tax matters.



Save money with our cafeteria plan and avoid a "Tax-Haircut"