Overview of Benefit Contributions

Contributions Effective January 1, 2026, per Pay Period

Cigna Medical Premiums

Coverage Level	Traditional Plan	HDHP 3500	HDHP 4500
Employee Only	$83.44	$68.63	$53.58
Employee + Spouse	$204.52	$166.52	$133.04
Employee + Child(ren)	$170.59	$138.91	$109.69
Family	$270.65	$220.31	$174.43

Delta Dental Premiums

Coverage Level	Standard Low Plan	Premier High Plan
Employee Only	$12.32	$18.03
Employee + Spouse	$26.18	$38.34
Employee + Child(ren)	$26.71	$36.16
Family	$40.89	$56.63

VSP Vision Premiums

Coverage Level	26 Biweekly Pay Periods
Employee Only	$3.72
Employee + Spouse	$7.44
Employee + Child(ren)	$7.97
Family	$8.71

Life/AD&D/Short & Long-Term Disability

Coverage Level	26 Biweekly Pay Periods
Basic Life/AD&D (1x salary)	**No cost to eligible employee**
Short-Term Disability	**No cost to eligible employee**
Long-Term Disability	**No cost to eligible employee**
Voluntary Life/AD&D	Employee pays 100% of cost
Critical Illness/Accident	Employee pays 100% of cost

inotiv
analyze. answer. advance.