

**2026 Group 2 & 3**  
COST SUMMARY

	Monthly	Employee Bi-weekly Cost	Employer Bi-weekly Contribution
<b>Medical Plan A</b>			
EMPLOYEE	\$731.00	\$101.00	\$236.38
EMPLOYEE/SPOUSE	\$1,396.00	\$408.00	\$236.31
EMPLOYEE/CHILD(REN)	\$1,238.00	\$335.00	\$236.38
FAMILY	\$2,135.00	\$749.00	\$236.38
<b>Medical Plan B</b>			
EMPLOYEE	\$473.00	\$39.00	\$179.31
EMPLOYEE/SPOUSE	\$905.00	\$238.00	\$179.69
EMPLOYEE/CHILD(REN)	\$801.00	\$191.00	\$178.69
FAMILY	\$1,385.00	\$460.00	\$179.23
<b>Dental</b>			
EMPLOYEE	\$26.02	\$12.01	
EMPLOYEE/SPOUSE	\$52.05	\$24.02	
EMPLOYEE/CHILD(REN)	\$56.17	\$25.92	
FAMILY	\$70.64	\$32.60	
<b>Vision</b>			
EMPLOYEE	\$10.45	\$4.82	
EMPLOYEE/SPOUSE	\$18.82	\$8.69	
EMPLOYEE/CHILD(REN)	\$20.38	\$9.41	
FAMILY	\$28.21	\$13.02	
<b>Employee, Spouse &amp; Child Life</b>			
BASED ON AGE, AMOUNT, AND TOBACCO USE			
<b>Short-Term Disability</b>			
BASED ON INCOME OF INSURED			
<b>Long-Term Disability</b>			
BASED ON INCOME OF INSURED			
<b>Cancer</b>			
EMPLOYEE	\$26.87	\$12.40	
EMPLOYEE/SPOUSE	\$45.24	\$20.88	
EMPLOYEE/CHILD(REN)	\$26.87	\$12.40	
FAMILY	\$45.24	\$20.88	
<b>Critical Illness</b>			
BASED ON AGE AND AMOUNT OF COVERAGE			
<b>Hospital Indemnity</b>			
EMPLOYEE	\$23.46	\$10.83	
EMPLOYEE/SPOUSE	\$51.26	\$23.66	
EMPLOYEE/CHILD(REN)	\$32.60	\$15.05	
FAMILY	\$60.39	\$27.87	
<b>Accident</b>			
EMPLOYEE	\$12.09	\$5.58	
EMPLOYEE/SPOUSE	\$19.16	\$8.84	
EMPLOYEE/CHILD(REN)	\$25.36	\$11.70	
FAMILY	\$32.60	\$15.05	
<b>401k</b>			
EMPLOYER MATCH UP TO 4% BASED ON EMPLOYEE CONTRIBUTION			