

2026 Bi-Weekly Contributions

Below are the bi-weekly paycheck contributions for medical, dental and vision coverage.*

Medical				
	Choice Plus Savings Plan	Surest Plan	Choice Exclusive (EPO) Plan	Choice Plus Preferred (PPO) Plan
Employee only	\$10.38	\$50.22	\$66.50	\$96.00
Employee + 1	\$52.62	\$117.50	\$147.25	\$206.40
Employee + 2	\$74.77	\$173.71	\$190.00	\$268.80
Family	\$96.92	\$229.93	\$273.32	\$367.25

Dental		
	Cigna PPO	Cigna DHMO
Employee only	\$8.73	\$6.04
Employee + 1	\$17.43	\$12.06
Employee + 2	\$24.63	\$17.40
Family	\$27.74	\$19.20

Vision	
	UHC Vision Plan
Employee only	\$3.34
Employee + 1	\$6.10
Employee + 2	\$10.58
Family	\$10.58

*Please note that if you cover your domestic partner and/or your domestic partner's children, this will be a taxable benefit.