



## 2025-2026 Employee Per Pay Period Contributions

### MEDICAL PLANS

Per Pay Period Contributions	Kaiser Permanente HMO	BLUE SHIELD HMO	BLUE SHIELD PPO
Employee Only	\$87.03	\$59.37	\$89.77
Employee + Spouse	\$233.08	\$171.43	\$347.27
Employee + Child(ren)	\$219.46	\$155.10	\$305.22
Employee + Family	\$317.84	\$244.91	\$481.93

### DENTAL PLANS

Per Pay Period Contributions	DELTA Dental HMO	DELTA Dental PPO
Employee Only	\$4.05	\$11.28
Employee + Spouse	\$7.69	\$23.82
Employee + Child(ren)	\$8.51	\$25.46
Employee + Family	\$11.34	\$39.41

### VISION PLAN

Per Pay Period Contributions	VSP Vision
Employee Only	\$1.94
Employee + Spouse	\$3.95
Employee + Child(ren)	\$4.23
Employee + Family	\$6.76

**Reminder: The Firm pays for ALL benefit eligible employees to have Life/AD&D Insurance, Long Term Disability, as well as access to the Employee Assistance Program.**

### Voluntary: Short-Term Disability

Voluntary Short-Term Disability										
Rates- Employee Cost per \$10 of Benefit (Based on 60% of salary to maximum benefit of \$2,307 per week)										
Age	<20-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.163	\$0.181	\$0.211	\$0.232	\$0.232

**Voluntary: Additional (Optional) Life and AD&D Insurance**

<b><u>Voluntary Life / AD&amp;D Insurance – Minimum Benefit 10K / Maximum 500K but no more than 5x Salary</u></b>			
<b><u>Employee / Spouse: Life/AD&amp;D Age Rates - Per \$1000 (Monthly)</u></b>			
<b><u>Age:</u></b>		<b><u>Age:</u></b>	
<b>Less than 20</b>	\$0.037	<b>60-64</b>	\$0.600
<b>20-24</b>	\$0.058	<b>65-69</b>	\$1.100
<b>25-29</b>	\$0.058	<b>70-74</b>	\$2.242
<b>30-34</b>	\$0.058	<b>75-79</b>	\$4.529
<b>35-39</b>	\$0.071	<b>80-84</b>	\$8.998
<b>40-44</b>	\$0.102	<b>85-89</b>	\$16.589
<b>45-49</b>	\$0.153	<b>90-94</b>	\$27.067
<b>50-54</b>	\$0.243	<b>95-99</b>	\$41.086
<b>55-59</b>	\$0.391		
<b><u>Child(ren) Rate – Monthly / Per \$1000</u></b>		\$0.260	
<b><i>Guarantee Issue(GI) is 5 times salary up to \$150,000 (Evidence of Insurability may be required for amounts over GI)</i></b>			

**Voluntary: Mutual of Omaha Critical Illness Plan**

<b><u>Voluntary Critical Illness Employee or Spouse Premium Age Rates (Cost per paycheck / Bi-weekly)</u></b>			
<b><u>Age:</u></b>	<b><u>\$10,000</u></b>	<b><u>\$20,000</u></b>	<b><u>\$30,000</u></b>
<b>0-29</b>	\$1.34	\$2.68	\$4.02
<b>30-39</b>	\$2.31	\$4.62	\$6.92
<b>40-49</b>	\$4.75	\$9.51	\$14.26
<b>50-59</b>	\$9.28	\$18.55	\$27.83
<b>60-69</b>	\$18.74	\$37.48	\$56.22
<b>70-79</b>	\$34.80	\$69.60	\$104.40
<b>80+</b>	\$49.06	\$98.12	\$147.18
<b>Child dependent coverage is offered at no additional cost.</b>			

**Voluntary: Mutual of Omaha Accident Plan**

<b>Coverage Tier</b>	<b>Premium Amount (Per paycheck – Bi-weekly)</b>
<b>Employee /Member</b>	<b>\$3.40 (\$0.24 per day)</b>
<b>Employee / Member + Spouse</b>	<b>\$5.65 (\$0.40 per day)</b>
<b>Employee / Member + Child(ren)</b>	<b>\$7.65 (\$0.54 per day)</b>
<b>Employee / Member + Family</b>	<b>\$10.36 (\$0.74 per day)</b>
<b><i>Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.</i></b>	

**Voluntary: Mutual of Omaha Hospital Plan**

<b>Coverage Tier</b>	<b>Premium Amount (Per paycheck – Bi-weekly)</b>
<b>Employee /Member</b>	<b>\$7.42 (\$0.53 per day)</b>
<b>Employee / Member + Spouse</b>	<b>\$16.39 (\$1.17 per day)</b>
<b>Employee / Member + Child(ren)</b>	<b>\$10.35 (\$0.73 per day)</b>
<b>Employee / Member + Family</b>	<b>\$20.70 (\$1.47 per day)</b>
<b><i>Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.</i></b>	