2026 Annual Enrollment

Employee Benefit Contributions

For Benefits-Eligible Employees Only

Bi-weekly contributions deducted from 24 of 26 paychecks

Medical

Coverage Option	Geographic Location	Annual Salary	Bi-Weekly Contributions EE Only	EE + 1	EE + Family
Anthem PPO	All	up to $59,999	$100.00	$207.50	$325.00
		$60,000 - $119,999	$110.00	$227.50	$355.00
		$120,000 and over	$125.00	$257.50	$400.00
Anthem EPO	All except CA, Western NY & WI	up to $59,999	$97.50	$207.50	$315.00
		$60,000 - $119,999	$107.50	$227.50	$345.00
		$120,000 and over	$122.50	$257.50	$390.00
Anthem HDHP	All	up to $59,999	$35.00	$75.00	$107.50
		$60,000 - $119,999	$45.00	$95.00	$137.50
		$120,000 and over	$60.00	$125.00	$182.50
HMO - Kaiser	CA	up to $59,999	$67.50	$137.50	$195.00
		$60,000 - $119,999	$77.50	$157.50	$225.00
		$120,000 and over	$92.50	$187.50	$270.00
HMO - Group Health	Middleton, Deforest	up to $59,999	$85.00	$175.00	$260.00
		$60,000 - $119,999	$95.00	$195.00	$290.00
		$120,000 and over	$110.00	$225.00	$335.00
HMO - Independent Health	Western NY	up to $59,999	$95.00	$190.00	$297.50
		$60,000 - $119,999	$105.00	$210.00	$327.50
		$120,000 and over	$120.00	$240.00	$372.50

*Rate will increase by $25 if you are a tobacco user.

*Rate will increase by $50 if you elect to cover your working spouse/domestic partner with access to coverage through another employer.

*Rate will increase by $75 if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.

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Dental

		Bi-Weekly Contributions		
Coverage Option	Geographic Location	EE Only	EE + 1	EE + Family
PPO - Delta Dental	All	$10.25	$24.75	$36.00
DMO - DeltaCare	All	$4.00	$9.50	$20.00

Vision

		Bi-Weekly Contributions		
Coverage Option	Geographic Location	EE Only	EE + 1	EE + Family
Vision Service Plan	All	$2.00	$6.00	$12.00