2026 Annual Enrollment

Employee Benefit Contributions

For Benefits-Eligible Employees Only

Weekly contributions deducted from 52 of 52 paychecks

Medical

Coverage Option	Geographic Location	Annual Salary	Weekly Contributions EE Only	EE + 1	EE + Family
Anthem PPO	All	up to $59,999	$46.15	$95.77	$150.00
		$60,000 - $119,999	$50.77	$105.00	$163.85
		$120,000 and over	$57.69	$118.85	$184.62
Anthem EPO	All except CA, Western NY & WI	up to $59,999	$45.00	$95.77	$145.38
		$60,000 - $119,999	$49.62	$105.00	$159.23
		$120,000 and over	$56.54	$118.85	$180.00
Anthem HDHP	All	up to $59,999	$16.15	$34.62	$49.62
		$60,000 - $119,999	$20.77	$43.85	$63.46
		$120,000 and over	$27.69	$57.69	$84.23
HMO - Kaiser	CA	up to $59,999	$31.15	$63.46	$90.00
		$60,000 - $119,999	$35.77	$72.69	$103.85
		$120,000 and over	$42.69	$86.54	$124.62
HMO - Group Health	Middleton, Deforest	up to $59,999	$39.23	$80.77	$120.00
		$60,000 - $119,999	$43.85	$90.00	$133.85
		$120,000 and over	$50.77	$103.85	$154.62
HMO - Independent Health	Western NY	up to $59,999	$43.85	$87.69	$137.31
		$60,000 - $119,999	$48.46	$96.92	$151.15
		$120,000 and over	$55.38	$110.77	$171.92

*Rate will increase by $11.54 if you are a tobacco user.

*Rate will increase by $23.08 if you elect to cover your working spouse/domestic partner with access to coverage through another employer.

*Rate will increase by $34.62 if you are a tobacco user AND you elect to cover your working spouse/domestic partner with access to coverage through another employer.

2026 Annual Enrollment

Employee Benefit Contributions

For Benefits-Eligible Employees Only

Weekly contributions deducted from 52 of 52 paychecks

Dental

		Weekly Contributions		
Coverage Option	Geographic Location	EE Only	EE + 1	EE + Family
PPO - Delta Dental	All	$4.73	$11.42	$16.62
DMO - DeltaCare	All	$1.85	$4.38	$9.23

Vision

		Weekly Contributions		
Coverage Option	Geographic Location	EE Only	EE + 1	EE + Family
Vision Service Plan	All	$0.92	$2.77	$5.54