Spending Account Option	Excellus Medical	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Employer Monthly Contribution	2026 Total Monthly Premium (Employee + Employer)	2026 Annual Employee Premium
	Signature HDHP \$3,500 RX-Gen	ignature HDHP \$3,500 RX-Generics & Brand Name				
	Employee	\$187.35	\$86.47	\$761.01	\$948.36	\$2,248.20
HSA	Employee + Child(ren)	\$543.50	\$250.85	\$1,495.12	\$2,038.62	\$6,522.00
	Employee + Spouse	\$657.07	\$303.26	\$1,599.59	\$2,256.66	\$7,884.84
	Family	\$714.02	\$329.55	\$1,675.41	\$2,389.43	\$8,568.24
	Signature HDHP \$1,800 RX-Ger	nerics & Brand Nam	ne			
	Employee	\$346.63	\$159.98	\$761.01	\$1,107.64	\$4,159.56
HSA	Employee + Child(ren)	\$885.87	\$408.86	\$1,495.12	\$2,380.99	\$10,630.44
	Employee + Spouse	\$1,036.09	\$478.20	\$1,599.59	\$2,635.68	\$12,433.08
	Family	\$1,115.31	\$514.76	\$1,675.41	\$2,790.72	\$13,383.72
	Signature Hybrid 40-1000 RX-G	enerics Only				
FSA	Employee	\$569.08	\$262.65	\$761.01	\$1,330.09	\$6,828.96
	Employee + Child(ren)	\$1,364.02	\$629.55	\$1,495.12	\$2,859.14	\$16,368.24
	Employee + Spouse	\$1,565.41	\$722.50	\$1,599.59	\$3,165.00	\$18,784.92
	Family	\$1,675.76	\$773.43	\$1,675.41	\$3,351.17	\$20,109.12

Medical Expense Reimbursement Plan (MERP) Voluntary Enrollment only for HDHP 3500/7000 plan	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	\$79.20	\$36.55	\$950.40
Employee + Child(ren)	\$170.25	\$78.58	\$2,043.00
Employee + Spouse	\$188.46	\$86.98	\$2,261.52
Family	\$199.54	\$92.10	\$2,394.48

EyeMed Vision	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	\$6.25	\$2.88	\$75.00
Employee + Child(ren)	\$11.86	\$5.47	\$142.32
Employee + Spouse	\$11.23	\$5.18	\$134.76
Family	\$18.74	\$8.65	\$224.88

Aflac Cancer	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	Rates will vary dep	ending on type of cove	erage chosen and
Employee + Child(ren)	if you add Critical Illness (Specified Health Event Rider).		
Employee + Spouse			
Family			

Excellus Dental	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
High Plan			
Employee	\$47.23	\$21.80	\$566.76
Employee + Child(ren)	\$103.91	\$47.96	\$1,246.92
Employee + Spouse	\$94.45	\$43.59	\$1,133.40
Family	\$141.66	\$65.38	\$1,699.92
Low Plan			
Employee	\$36.32	\$16.76	\$435.84
Employee + Child(ren)	\$79.92	\$36.89	\$959.04
Employee + Spouse	\$72.67	\$33.54	\$872.04
Family	\$109.00	\$50.31	\$1,308.00

Health Savings Account (HSA) annual limits:

Single - \$4,400; Family - \$8,750

Flexible Spending Accounts (FSA) annual limits:

Medical FSA - \$3,400; Dependent Care - \$7,500

For those who are enrolled in Medicare and an HDHP medical plan, a Medical FSA can be utilized due to HSA ineligibility.

Life & AD&D Insurance	Voluntary Life & Accident Death Insurance		
Rate per \$1,000 elected	Depend	ds on Coverage Amount and Age	
Dependent Spouse Life Insurance			
\$5,000 or \$10,000 options	\$0.79 or \$1.57		\$9.48 or \$18.84
Dependent Child(ren) Life Insurance			
\$2,000 or \$4,000 options	\$0.31 or \$0.63		\$3.72 or \$7.56

Aflac Accident	2026 Employee Monthly Premium	2026 Bi-weekly Employee Premium	2026 Annual Employee Premium
Employee	\$9.24	\$4.26	\$110.88
Employee + Child(ren)	\$15.72	\$7.26	\$188.64
Employee + Spouse	\$14.40	\$6.65	\$172.80
Family	\$20.64	\$9.53	\$247.68