



June 1, 2026—May 31, 2027 Payroll Deduction

UnitedHealthcare	NHP HMO OA EKZA \$3,500 Ded Plan		NHP Flex HMO OA EKUF \$2,500 Ded Plan		UHC POS HSA EQ65 \$4,500 Ded Plan	
	Bi-Weekly 26	Bi-Weekly 23	Bi-Weekly 26	Bi-Weekly 23	Bi-Weekly 26	Bi-Weekly 23
Employee Only	\$0.10	\$0.11	\$58.74	\$66.40	\$109.24	\$123.49
Employee + Spouse	\$214.37	\$242.33	\$331.65	\$374.91	\$373.32	\$422.01
Employee + Child(ren)	\$126.67	\$143.19	\$235.16	\$265.84	\$273.71	\$309.41
Employee + Family	\$304.07	\$343.73	\$441.14	\$498.69	\$500.52	\$565.81

Transamerica	IN \$1,000 / OP \$1,000		IN \$2,000 / OP \$2,000	
	Bi-Weekly 26	Bi-Weekly 23	Bi-Weekly 26	Bi-Weekly 23
Employee Only	\$13.38	\$15.13	\$20.99	\$23.73
Employee + Spouse	\$29.37	\$33.20	\$45.10	\$50.98
Employee + Child(ren)	\$19.92	\$22.51	\$32.75	\$37.02
Employee + Family	\$31.91	\$36.07	\$54.72	\$61.86

Sun Life	Dental PPO Plan		Vision Plan	
	Bi-Weekly 26	Bi-Weekly 23	Bi-Weekly 26	Bi-Weekly 23
Employee Only	\$7.02	\$7.94	\$1.57	\$1.77
Employee + Spouse	\$21.90	\$24.75	\$4.70	\$5.32
Employee + Child(ren)	\$26.19	\$29.60	\$3.74	\$4.23
Employee + Family	\$44.61	\$50.43	\$7.21	\$8.15

Preferred Legal	Legal Plan	
	Bi-Weekly 26	Bi-Weekly 23
Employee Only	\$6.44	\$7.28
Employee + Spouse	\$6.44	\$7.28
Employee + Child(ren)	\$6.44	\$7.28
Employee + Family	\$6.44	\$7.28

Please refer to Employee Navigator for the pricing of Voluntary Life Insurance. Supplemental benefits are also available for your consideration.