

2025/2026 Employee Contribution Rates

UNITED HEALTHCARE EPO	WEEKLY	BI-WEEKLY
Employee Only	\$27.75	\$55.50
Employee & Spouse/Registered Domestic Partner	\$101.33	\$202.66
Employee and Child(ren)	\$69.42	\$138.84
Employee and Family	\$146.86	\$293.72

UNITED HEALTHCARE HDHP	WEEKLY	BI-WEEKLY
Employee Only	\$31.38	\$62.76
Employee & Spouse/Registered Domestic Partner	\$123.65	\$247.30
Employee and Child(ren)	\$98.79	\$197.58
Employee and Family	\$130.00	\$260.00

UNITED HEALTHCARE PPO	WEEKLY	BI-WEEKLY
Employee Only	\$58.26	\$116.52
Employee & Spouse/Registered Domestic Partner	\$170.99	\$341.98
Employee and Child(ren)	\$142.47	\$284.94
Employee and Family	\$243.57	\$487.14

KAISER HMO	WEEKLY	BI-WEEKLY
Employee Only	\$56.31	\$112.62
Employee & Spouse/Registered Domestic Partner	\$168.00	\$336.00
Employee and Child(ren)	\$152.08	\$304.16
Employee and Family	\$232.85	\$465.70

GUARDIAN LOW DENTAL	WEEKLY	BI-WEEKLY
Employee Only	\$1.76	\$3.52
Employee & Spouse/Registered Domestic Partner	\$7.15	\$14.30
Employee and Child(ren)	\$9.14	\$18.28
Employee and Family	\$13.63	\$27.27

GUARDIAN HIGH DENTAL	WEEKLY	BI-WEEKLY
Employee Only	\$2.29	\$4.57
Employee & Spouse/Registered Domestic Partner	\$9.29	\$18.57
Employee and Child(ren)	\$11.87	\$23.75
Employee and Family	\$17.71	\$35.41

UNITED HEALTHCARE VISION	WEEKLY	BI-WEEKLY
Employee Only	\$.39	\$.79
Employee & Spouse/Registered Domestic Partner	\$1.58	\$3.16
Employee and Child(ren)	\$1.62	\$3.24
Employee and Family	\$2.41	\$4.81

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SUPPLEMENTAL LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT	EMPLOYEE/SPOUSE MONTHLY RATE PER \$1,000
Less than 25	\$0.087
25 – 29	\$0.087
30 – 34	\$0.092
35 – 39	\$0.123
40 – 44	\$0.182
45 – 49	\$0.291
50 – 54	\$0.480
55 – 59	\$0.777
60 – 64	\$1.229
65 – 69	\$2.473
70 or Older	\$4.677
Dependent Child(ren)	\$0.17
AD&D	\$0.04

GUARDIAN CRITICAL ILLNESS RATES SHOWN ARE BI-WEEKLY	EMPLOYEE \$10,000	EMPLOYEE \$20,000	SPOUSE \$5,000	SPOUSE \$10,000
Less than 30	\$1.98	\$3.97	\$0.99	\$1.98
30 – 39	\$2.58	\$5.17	\$1.29	\$2.58
40 – 49	\$5.08	\$10.15	\$2.54	\$5.08
50 – 59	\$10.02	\$20.03	\$5.01	\$10.02
60 – 69	\$17.86	\$35.72	\$8.93	\$17.86
70 or Older	\$32.86	\$65.72	\$16.43	\$32.86

Spouse Premium Calculated on Employee's Age

GUARDIAN HOSPITAL PROTECTION	WEEKLY	BI-WEEKLY
Employee Only	\$3.21	\$6.42
Employee & Spouse/Registered Domestic Partner	\$7.21	\$14.42
Employee and Child(ren)	\$5.44	\$10.88
Employee and Family	\$9.45	\$18.90

GUARDIAN ACCIDENT PROTECTION	WEEKLY	BI-WEEKLY
Employee Only	\$1.53	\$3.06
Employee & Spouse/Registered Domestic Partner	\$2.64	\$5.28
Employee and Child(ren)	\$2.68	\$5.36
Employee and Family	\$3.79	\$7.58