2026-27 bi-weekly contributions

Your employee cost per paycheck for medical, prescription, dental and vision coverage.

MEDICAL & PRESCRIPTION • BI-WEEKLY

Coverage tier	Plan A	Plan B
Employee only	$23.46	$0.00
Employee + Spouse	$141.06	$94.14
Employee + Child(ren)	$92.82	$52.82
Employee + Family	$284.01	$222.39

DENTAL & VISION • BI-WEEKLY

Coverage tier	Dental	Vision
Employee only	$21.09	$2.48
Employee + Spouse	$42.18	$4.71
Employee + Child(ren)	$48.49	$5.52
Employee + Family	$73.24	$7.77