The following contributions apply to all non-union and union locations

2026 Active Employee Rates

Hourly Bi-weekly Pay Check Deductions/Contributions - Medical

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Saver	$40.80	$138.62	$101.88	$205.61
Choice	$76.38	$218.43	$172.77	$320.95
Kaiser HMO	$81.42	$229.50	$182.83	$337.05
Kaiser HDHP	$36.18	$134.01	$97.27	$200.99

NY Hourly Weekly Pay Check Deductions/Contributions - Medical

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Saver	$20.40	$69.31	$50.94	$102.80
Choice	$38.19	$109.22	$86.38	$160.47
Kaiser HMO	$40.71	$114.75	$91.42	$168.52
Kaiser HDHP	$18.09	$67.00	$48.63	$100.50

Salaried Contributions - Medical

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Saver	$57.21	$167.49	$101.88	$205.61
Choice	$76.38	$218.43	$172.77	$320.95
Kaiser HMO	$81.42	$229.50	$182.83	$337.05
Kaiser HDHP	$36.18	$134.01	$97.27	$200.99

The following contributions apply to all non-union and union locations

2026 Active Employee Rates

Dental

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Core Dental Plan	$6.44	$17.47	$13.80	$24.84
Core + Orthodontia	$10.57	$26.56	$22.06	$38.05

Dental - Weekly

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Core Dental Plan	$3.22	$8.74	$6.90	$12.42
Core + Orthodontia	$5.28	$13.28	$11.03	$19.02

Vision

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
VSP Plan	$6.49	$14.28	$12.99	$20.79

Vision - Weekly

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
VSP Plan	$3.25	$7.14	$6.50	$10.39

The following contributions apply to all non-union and union locations

2026 Monthly COBRA Rates

COBRA Medical

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Saver	$657.79	$1,456.39	$1,315.58	$2,160.47
Choice	$733.81	$1,614.39	$1,467.63	$2,348.22
Kaiser HMO	$744.94	$1,638.86	$1,489.87	$2,383.80
Kaiser HDHP	$630.08	$1,386.19	$1,260.17	$2,016.27

COBRA Dental

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
Core Dental Plan	$40.66	$89.46	$81.32	$130.12
Core + Orthodontia	$49.79	$109.53	$99.57	$159.31

COBRA Vision

	Employee Only	Employee + Spouse/LP	Employee + Child(ren)	Employee + Family
VSP Plan	$14.35	$31.57	$28.71	$45.94