2026 Employee Per Paycheck Deductions

Medical Plans - California	Coverage Level	Per Paycheck Deduction
Aetna Whole Health (SoCal Only)	Employee Only	$7.50
	Employee + Spouse	$41.00
	Employee + Child(ren)	$33.00
	Employee + Family	$86.50
Aetna Value Network	Employee Only	$7.50
	Employee + Spouse	$86.00
	Employee + Child(ren)	$42.50
	Employee + Family	$122.50
Aetna HMO	Employee Only	$72.00
	Employee + Spouse	$206.00
	Employee + Child(ren)	$100.00
	Employee + Family	$298.00
Aetna HDHP	Employee Only	$109.00
	Employee + Spouse	$259.50
	Employee + Child(ren)	$144.00
	Employee + Family	$372.00
Medical Plans – Non-California	**Coverage Level**	**Per Paycheck Deduction**
Aetna EPO	Employee Only	$7.50
	Employee + Spouse	$86.00
	Employee + Child(ren)	$42.50
	Employee + Family	$122.50
Aetna HDHP	Employee Only	$69.00
	Employee + Spouse	$196.50
	Employee + Child(ren)	$98.50
	Employee + Family	$292.00

Dental Plans	Coverage Level	Per Paycheck Deduction
Aetna Dental HMO	Employee Only	$0.00
	Employee + Spouse	$0.00
	Employee + Child(ren)	$0.00
	Employee + Family	$0.00
Aetna Dental PPO	Employee Only	$17.30
	Employee + Spouse	$35.24
	Employee + Child(ren)	$34.05
	Employee + Family	$42.74

Deductions are taken on the first two pay dates of each month. If there is a month that has 3 pay dates, deductions are not taken on the 3rd paycheck of the month.

2026 Employee Per Paycheck Deductions

Vision Plans	Coverage Level	Per Paycheck Deduction
VSP - Exam Plus	Employee Only	$0.00
	Employee + Spouse	$0.00
	Employee + Child(ren)	$0.00
	Employee + Family	$0.00
VSP - Materials Buy-Up	Employee Only	$2.82
	Employee + Spouse	$5.60
	Employee + Child(ren)	$5.99
	Employee + Family	$8.99

Legal Plan	Coverage Level	Per Paycheck Deduction
MetLife Legal	Employee Only	$9.38

Voluntary Benefits	Coverage Level	Per Paycheck Deduction
UNUM Accident	Employee Only	$5.16
	Employee + Spouse	$9.03
	Employee + Child(ren)	$12.69
	Employee + Family	$16.56

Voluntary Benefits	Coverage Level	Per Paycheck Deduction
UNUM Hospital Indemnity	Employee Only	$6.79
	Employee + Spouse	$11.92
	Employee + Child(ren)	$9.31
	Employee + Family	$14.43

Deductions are taken on the first two pay dates of each month. If there is a month that has 3 pay dates, deductions are not taken on the 3rd paycheck of the month.

2026 Employee Per Paycheck Deductions

Voluntary Benefits	Age	Employee Rate Per Paycheck Deduction	Spouse Rate Per Paycheck Deduction
Supplemental Life Rate per $1,000	< 25	$0.036	$0.055
	25-29	$0.037	$0.055
	30-34	$0.047	$0.065
	35-39	$0.059	$0.100
	40-44	$0.078	$0.160
	45-49	$0.126	$0.260
	50-54	$0.221	$0.410
	55-59	$0.378	$0.565
	60-64	$0.539	$0.795
	65-69	$0.891	$1.185
	70-74	$1.371	$1.970
	75+	$3.655	$4.790
	Child Life		$0.094

Voluntary Benefits	Age	Employee Rate Per Paycheck Deduction	Spouse Rate Per Paycheck Deduction
UNUM Critical Illness $15,000 Plan ($7,500 Spouse)	< 25	$1.74	$1.25
	25-29	$2.19	$1.48
	30-34	$2.79	$1.78
	35-39	$3.76	$2.26
	40-44	$4.96	$2.86
	45-49	$6.61	$3.69
	50-54	$8.56	$4.66
	55-59	$11.64	$6.20
	60-64	$16.29	$8.52
	65-69	$23.26	$12.01
	70-74	$35.11	$17.94
	75-79	$49.59	$25.18
	80-84	$66.61	$33.69
	85+	$98.11	$49.44

Deductions are taken on the first two pay dates of each month. If there is a month that has 3 pay dates, deductions are not taken on the 3rd paycheck of the month.

2026 Employee Per Paycheck Deductions

Voluntary Benefits	Age	Employee Rate Per Paycheck Deduction	Spouse Rate Per Paycheck Deduction
UNUM Critical Illness $30,000 Plan ($15,000 Spouse)	< 25	$2.71	$1.74
	25-29	$3.61	$2.19
	30-34	$4.81	$2.79
	35-39	$6.76	$3.76
	40-44	$9.16	$4.96
	45-49	$12.46	$6.61
	50-54	$16.36	$8.56
	55-59	$22.51	$11.64
	60-64	$31.81	$16.29
	65-69	$45.76	$23.26
	70-74	$69.46	$35.11
	75-79	$98.41	$49.59
	80-84	$132.46	$66.61
	85+	$195.46	$98.11

Deductions are taken on the first two pay dates of each month. If there is a month that has 3 pay dates, deductions are not taken on the 3rd paycheck of the month.