ABILENE CHRISTIAN UNIVERSITY

BIWEEKLY PREMIUMS

MEDICAL BIWEEKLY PREMIUMS

Enrolled	**HDHP** (Full Wellness Discount Applied)	**PPO** (Full Wellness Discount Applied)
Employee Only	$50	$100
Employee + Spouse	$212	$282.50
Employee + Child(ren)	$140	$205
Employee + Family	$315	$385.50

All employees will have the same base premium in 2026. If you and/or your enrolled spouse, if applicable, did not complete the prior year's wellness requirements, you will each experience a $25/pay period premium increase to the base rates listed above.

DENTAL BIWEEKLY PREMIUMS

Enrolled	Dental PPO Plan
Employee Only	$19.74
Employee + Spouse	$40.05
Employee + Child(ren)	$37.94
Employee + Family	$57.92

VISION BIWEEKLY PREMIUMS

Enrolled	Vision Plan
Employee Only	$3.60
Employee + Spouse	$5.22
Employee & 1 Child	$5.22
Employee & 2+ Children	$9.95
Employee + Family	$9.95

PAYCHECK DEDUCTIONS

These charts contain the biweekly paycheck deductions for benefits beginning January 1, 2026.

Benefit deductions are taken from 24 of the 26 paychecks each year. Retirement plan contributions are withheld from all 26 paychecks.