

Reserved.

# Medical / Dental / Vision Rates

For associates who are paid **bi-weekly** 

**Arlington Union** 





### **Bi-weekly MEDICAL Premium**

Plan and Coverage Tier	Rate	Wellness Rate Associate Only	<b>Wellness Rate</b> Associate & Spouse
Complete PPO			
Associate Only	\$114.55	\$91.48	\$91.48
Associate + Spouse	\$329.60	\$306.52	\$294.98
Associate + Child(ren)	\$206.00	\$182.92	\$182.92
Family	\$447.16	\$424.09	\$412.55
Balanced CDHP			
Associate Only	\$77.92	\$54.85	\$54.85
Associate + Spouse	\$224.20	\$201.12	\$189.59
Associate + Child(ren)	\$140.13	\$117.05	\$117.05
Family	\$304.18	\$281.10	\$269.56
<b>Essentials PPO</b>			
Associate Only	\$41.29	\$18.22	\$18.22
Associate + Spouse	\$118.81	\$95.73	\$84.19
Associate + Child(ren)	\$74.25	\$51.18	\$51.18
Family	\$161.19	\$138.11	\$126.57

# More about Wellness Rates

You can reduce your per paycheck medical premiums by participating in our wellbeing program. Save \$50/month (\$600/year) for individual coverage or \$75/month (\$900/year) for Associate + Spouse or Family coverage.

#### Here's how it works:

Associates (and participating spouse) must complete 3 out of 7 items on the premium incentive checklist on Personify Health by November 30, 2025.

# To get started:

Go to **Personify Health** 

First time users must enter the passphrase "luckier-passionfruit-65" during

enrollment. If you're already registered, no passphrase is needed.

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# **Bi-weekly DENTAL Premium**

Plan and Coverage Tier	Rate
Dental Enhanced	
Associate Only	\$6.52
Associate + Spouse	\$13.68
Associate + Child(ren)	\$16.19
Family	\$23.46
Dental Basic	
Associate Only	\$3.91
Associate + Spouse	\$8.21
Associate + Child(ren)	\$9.71
Family	\$14.07

# **Bi-weekly VISION Premium**

Plan and Coverage Tier	Rate
Vision Enhanced	
Associate Only	\$0.99
Associate + Spouse	\$2.37
Associate + Child(ren)	\$1.77
Family	\$3.15
Vision Basic	
Associate Only	\$0.52
Associate + Spouse	\$1.26
Associate + Child(ren)	\$0.95
Family	\$1.67

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