

Reserved.

# Medical / Dental / Vision Rates

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

Campus Foods





## **Bi-weekly MEDICAL Premium**

Plan and Coverage Tier	Rate	Wellness Rate Associate Only	Wellness Rate Associate & Spouse
Complete PPO			
Associate Only	\$96.00	\$72.92	\$72.92
Associate + Spouse	\$276.46	\$253.38	\$241.85
Associate + Child(ren)	\$172.62	\$149.54	\$149.54
Family	\$374.31	\$351.23	\$339.69
Balanced CDHP			
Associate Only	\$52.62	\$29.54	\$29.54
Associate + Spouse	\$151.38	\$128.31	\$116.77
Associate + Child(ren)	\$94.62	\$71.54	\$71.54
Family	\$205.38	\$182.31	\$170.77
Essentials PPO			
Associate Only	\$26.31	\$3.23	\$3.23
Associate + Spouse	\$75.69	\$52.62	\$41.08
Associate + Child(ren)	\$47.54	\$24.46	\$24.46
Family	\$102.46	\$79.38	\$67.85

# 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	\$11.08
Associate + Spouse	\$22.62
Associate + Child(ren)	\$26.77
Family	\$39.23
Dental Basic	
Associate Only	\$3.90
Associate + Spouse	\$8.35
Associate + Child(ren)	\$9.74
Family	\$14.19

# **Bi-weekly VISION Premium**

Plan and Coverage Tier	Rate
Vision Enhanced	
Associate Only	\$1.64
Associate + Spouse	\$3.95
Associate + Child(ren)	\$2.95
Family	\$5.26
Vision Basic	
Associate Only	\$0.87
Associate + Spouse	\$2.10
Associate + Child(ren)	\$1.58
Family	\$2.78

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