Medical / Dental / Vision Rates

For associates who are paid weekly

Campus Foods

Weekly MEDICAL Premium

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	$48.00	$36.46	$36.46
Associate + Spouse	$138.23	$126.69	$120.92
Associate + Child(ren)	$86.31	$74.77	$74.77
Family	$187.15	$175.62	$169.85
Balanced CDHP			
Associate Only	$26.31	$14.77	$14.77
Associate + Spouse	$75.69	$64.15	$58.38
Associate + Child(ren)	$47.31	$35.77	$35.77
Family	$102.69	$91.15	$85.38
Essentials PPO			
Associate Only	$13.15	$1.62	$1.62
Associate + Spouse	$37.85	$26.31	$20.54
Associate + Child(ren)	$23.77	$12.23	$12.23
Family	$51.23	$39.69	$33.92

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.

Weekly DENTAL Premium

Plan and Coverage Tier	Rate
Dental Enhanced	
Associate Only	$5.54
Associate + Spouse	$11.31
Associate + Child(ren)	$13.38
Family	$19.62
Dental Basic	
Associate Only	$1.95
Associate + Spouse	$4.17
Associate + Child(ren)	$4.87
Family	$7.10

Weekly VISION Premium

Plan and Coverage Tier	Rate
Vision Enhanced	
Associate Only	$0.82
Associate + Spouse	$1.97
Associate + Child(ren)	$1.48
Family	$2.63
Vision Basic	
Associate Only	$0.44
Associate + Spouse	$1.05
Associate + Child(ren)	$0.79
Family	$1.39