



Medical / Dental / Vision Rates

For associates who are paid weekly
Core – Part-time

Weekly MEDICAL Premium – Highmark BCBS*

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	\$83.25	\$71.71	\$71.71
Associate + Spouse	\$239.53	\$227.99	\$222.23
Associate + Child(ren)	\$149.71	\$138.17	\$138.17
Family	\$324.97	\$313.44	\$307.67
Balanced CDHP			
Associate Only	\$64.94	\$53.40	\$53.40
Associate + Spouse	\$186.83	\$175.30	\$169.53
Associate + Child(ren)	\$116.77	\$105.23	\$105.23
Family	\$253.48	\$241.91	\$236.17
Essentials PPO			
Associate Only	\$46.62	\$35.08	\$35.08
Associate + Spouse	\$134.14	\$122.60	\$116.86
Associate + Child(ren)	\$83.84	\$72.30	\$72.30
Family	\$181.99	\$170.45	\$164.68

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	\$7.60
Associate + Spouse	\$15.96
Associate + Child(ren)	\$18.89
Family	\$27.37
Dental Basic	
Associate Only	\$3.26
Associate + Spouse	\$6.84
Associate + Child(ren)	\$8.10
Family	\$11.73

Weekly VISION Premium

Plan and Coverage Tier	Rate
Vision Enhanced	
Associate Only	\$1.21
Associate + Spouse	\$2.90
Associate + Child(ren)	\$2.16
Family	\$3.87
Vision Basic	
Associate Only	\$0.44
Associate + Spouse	\$1.05
Associate + Child(ren)	\$0.79
Family	\$1.39

*Kaiser (CA only) rates on next page



Weekly MEDICAL Premium – Kaiser (CA only)

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	\$118.66	\$107.12	\$107.12
Associate + Spouse	\$284.79	\$273.25	\$267.48
Associate + Child(ren)	\$213.59	\$202.06	\$202.06
Family	\$379.72	\$368.18	\$362.41
Balanced CDHP			
Associate Only	\$53.77	\$42.23	\$42.23
Associate + Spouse	\$129.05	\$117.52	\$111.75
Associate + Child(ren)	\$96.79	\$85.25	\$85.25
Family	\$172.07	\$160.53	\$154.77
Essentials PPO			
Associate Only	\$77.58	\$66.04	\$66.04
Associate + Spouse	\$186.18	\$174.65	\$168.88
Associate + Child(ren)	\$139.64	\$128.10	\$128.10
Family	\$248.25	\$236.71	\$230.94

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