Medical / Dental / Vision Rates

For associates who are paid bi-weekly

Core – Part-time

Bi-weekly MEDICAL Premium – Highmark BCBS*

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	$166.50	$143.43	$143.43
Associate + Spouse	$479.07	$455.99	$444.45
Associate + Child(ren)	$299.41	$276.34	$276.34
Family	$649.95	$626.87	$615.33
Balanced CDHP			
Associate Only	$129.87	$106.80	$106.80
Associate + Spouse	$373.67	$350.59	$339.05
Associate + Child(ren)	$233.54	$210.47	$210.47
Family	$506.96	$438.88	$472.34
Essentials PPO			
Associate Only	$93.24	$70.17	$70.19
Associate + Spouse	$268.28	$245.20	$233.66
Associate + Child(ren)	$167.67	$144.60	$144.60
Family	$363.97	$340.90	$329.36

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.

Bi-weekly DENTAL Premium

Plan and Coverage Tier	Rate
Dental Enhanced	
Associate Only	$15.21
Associate + Spouse	$31.91
Associate + Child(ren)	$37.78
Family	$54.74
Dental Basic	
Associate Only	$6.52
Associate + Spouse	$13.68
Associate + Child(ren)	$16.19
Family	$23.46

Bi-weekly VISION Premium

Plan and Coverage Tier	Rate
Vision Enhanced	
Associate Only	$2.41
Associate + Spouse	$5.79
Associate + Child(ren)	$4.33
Family	$7.74
Vision Basic	
Associate Only	$0.87
Associate + Spouse	$2.10
Associate + Child(ren)	$1.58
Family	$2.78

***Kaiser (CA Only) on next page**

Bi-weekly MEDICAL Premium – Kaiser (CA Only)

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	$237.33	$214.25	$214.25
Associate + Spouse	$569.58	$546.51	$534.97
Associate + Child(ren)	$427.19	$404.11	$404.11
Family	$759.44	$736.36	$724.82
Balanced CDHP			
Associate Only	$107.55	$84.47	$84.47
Associate + Spouse	$258.11	$235.03	$223.49
Associate + Child(ren)	$193.58	$170.50	$170.50
Family	$344.15	$321.07	$309.53
Essentials PPO			
Associate Only	$155.15	$132.08	$132.08
Associate + Spouse	$372.37	$349.29	$337.75
Associate + Child(ren)	$279.27	$256.20	$256.20
Family	$496.49	$473.41	$461.88

More about Wellness Rates

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