Medical / Dental / Vision Rates

For associates who are paid bi-weekly

All Other Locations

Bi-weekly MEDICAL Premium*

Plan and Coverage Tier	Rate	Wellness Rate Associate only	Wellness Rate Associate and Spouse
Complete PPO			
Associate Only	$96.00	$72.92	$72.92
Associate + Spouse	$276.46	$253.38	$241.84
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	$151.39	$128.31	$116.77
Associate + Child(ren)	$94.62	$71.54	$71.54
Family	$205.39	$182.31	$170.77
Essentials PPO			
Associate Only	$26.31	$3.23	$3.23
Associate + Spouse	$75.69	$52.61	$41.08
Associate + Child(ren)	$47.54	$24.46	$24.46
Family	$102.46	$79.38	$67.84

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	$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

***Rates are for both Highmark BCBS and Kaiser (CA only)**