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	$162.46	$139.38	$139.38
Associate + Spouse	$462.92	$439.85	$428.31
Associate + Child(ren)	$292.62	$269.54	$269.54
Family	$633.69	$610.62	$599.08
Balanced CDHP			
Associate Only	$89.54	$66.46	$66.46
Associate + Spouse	$255.23	$232.15	$220.62
Associate + Child(ren)	$161.08	$138.00	$138.00
Family	$349.38	$326.31	$314.77
Essentials PPO			
Associate Only	$44.77	$21.69	$21.69
Associate + Spouse	$127.38	$104.31	$92.77
Associate + Child(ren)	$80.77	$57.69	$57.69
Family	$174.46	$151.38	$139.85

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.

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)**