Medical / Dental / Vision Rates

For associates who are paid weekly

All Other Locations

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	$58.39
Associate + Child(ren)	$47.31	$35.77	$35.77
Family	$102.69	$91.15	$85.38
Essentials PPO			
Associate Only	$13.15	$1.61	$1.61
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

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