

2026 Benefits Rate Sheet U.S. Full-Time Benefits

2026 Bi-Weekly Contribution Rates

Contributions for medical, dental and vision coverage are deducted from paychecks on a pre-tax basis. Contributions for life, disability, and voluntary benefits are deducted from paychecks on an after-tax basis.

Medical Rates

Coverage Tier	SUREST Copay	Traditional PPO	Protection HSA	Kaiser
You Only	\$187.62	\$171.68	\$48.33	\$299.39
You + Spouse/DP*	\$306.91	\$273.45	\$148.35	\$470.10
You + Child(ren)	\$252.69	\$227.19	\$132.33	\$392.51
You + Family*	\$393.67	\$347.46	\$173.98	\$594.26

*Spousal Surcharge (applicable to UMR & Kaiser medical plans)

A Spousal Surcharge of \$150 monthly (\$69.23 bi-weekly) will apply if your spouse/domestic partner has access to medical coverage through their own employer, but you choose to enroll them under ODP coverage. This does not apply to a married couple working at ODP where the spouse/partner is covered as a dependent.

Wellness Credit (applicable to UMR medical plans only)

- The Wellness Credit requirement is an eligible annual preventive exam or screening during Jan. 2 – Dec. 31 to receive the Credit in the **following year**. An enrolled spouse/partner must also complete the requirement.
- The exam/screening must be received while under ODP coverage, and through a UMR provider. Walk-in clinics or Urgent Care facilities do not qualify. Forms are not accepted; UMR provides an automated file into the enrollment platform of those that satisfied the requirement.
- The Wellness Credit is a \$50 monthly incentive and will appear as a negative (e.g., -\$23.07 bi-weekly) as a separate line on your pay slip. The negative means it is a credit (refund) and not a deduction.

Dental and Vision Rates

Dental Coverage Tier	PPO with Ortho	PPO no Ortho
You Only	\$15.64	\$16.51
You + Spouse/DP	\$31.27	\$33.02
You + Child(ren)	\$37.52	\$33.85
You + Family	\$53.16	\$49.53

Vision Coverage Tier	Vision Low Option	Vision High Option
You Only	\$2.95	\$7.10
You + Spouse/DP	\$4.71	\$11.35
You + Child(ren)	\$4.81	\$11.57
You + Family	\$7.76	\$18.67

HMSA Medical Rates

Income Tier	You Only	You + Spouse/DP	You + Child(ren)	You + Family
up to- \$19,999.99	\$9.60	\$155.26	\$118.16	\$207.20
\$20K - \$24,999.99	\$11.54	\$157.20	\$120.10	\$209.14
\$25K - \$29,999.99	\$14.42	\$160.08	\$122.98	\$212.02
\$30K - \$34,999.99	\$17.31	\$162.97	\$125.87	\$214.91
\$35K - \$39,999.99	\$20.19	\$165.85	\$128.75	\$217.79
\$40K - \$44,999.99	\$23.08	\$168.74	\$131.63	\$220.68
\$45K - \$49,999.99	\$25.96	\$171.62	\$134.52	\$223.56
\$50K - \$54,999.99	\$28.85	\$174.51	\$137.40	\$226.45
\$55K - \$59,999.99	\$31.73	\$177.39	\$140.29	\$229.33
\$60K - \$64,999.99	\$34.62	\$180.27	\$143.17	\$232.21
\$65K - \$69,999.99	\$37.50	\$183.16	\$146.06	\$235.10
\$70K - \$74,999.99	\$40.38	\$186.04	\$148.94	\$237.98
\$75K - \$79,999.99	\$43.27	\$188.93	\$151.83	\$240.87
\$80K - \$84,999.99	\$46.15	\$191.81	\$154.71	\$243.75
\$85K - \$89,999.99	\$49.04	\$194.70	\$157.60	\$246.64
\$90K+	\$51.92	\$197.58	\$160.48	\$249.52

DOMESTIC PARTNER (“DP”) COVERAGE and IMPUTED INCOME

APPLIES TO MEDICAL, DENTAL AND VISION COVERAGE

Premiums for a domestic partner, including a domestic partner’s children, are deducted from paychecks on an after-tax basis. In addition, the value of the coverage that is paid by the employer is treated as taxable “imputed income” by the federal government, and results in a reduction of your take-home pay, because a larger portion of your income is now taxable. More money is withheld from your paycheck for federal and state income tax (where applicable), as well as FICA (Social Security and Medicare). This lowers your net, or take-home pay.

Voluntary Benefits

Group Accident

Coverage Tier	Rate
You Only	\$3.67
You + Spouse/DP	\$5.73
You + Child(ren)	\$5.84
You + Family	\$9.27

Hospital Confinement*

Coverage Tier	Rate
You Only	\$4.83
You + Spouse/DP	\$9.98
You + Child(ren)	\$9.19
You + Family	\$15.00

Critical Illness*

Coverage Tier	Low Option \$15,000	High Option \$30,000
You Only	\$6.31	\$12.12
You + Spouse/DP	\$9.80	\$18.59
You + Child(ren)	\$6.97	\$12.77
You + Family	\$10.56	\$19.34

* Includes a \$50 Annual Health Screening Benefit for each enrolled member

Legal Services w/ Basic ID Theft

Coverage Tier	Rate
Flat Rate	\$7.13

ID Theft Protection

Coverage Tier	Rate
You Only	\$3.74
You + Family	\$7.04