2026 Paycheck Deductions
Puerto Rico Full-Time Associates

The following pages contain the monthly associate contributions for benefits beginning January 1, 2026. Your actual per-paycehck deduction amounts will be based on your pay frequency and the frequency with which deductions are taken.

Medical

Monthly Paycheck Deductions

Coverage Level	
You Only	$52.00
You + Spouse	$222.00
You + Child(ren)	$194.00
You+ Family	$ 366.00

Dental

Monthly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus
You Only	$16.00	$38.00
You + Spouse	$39.00	$87.00
You + Child(ren)	$33.00	$77.00
You+ Family	$52.00	$122.00

Vision

Monthly Paycheck Deductions

Coverage Level	Vision Basic	Vision Plus
You Only	$6.00	$11.76
You + Spouse	$11.96	$23.52
You + Child(ren)	$12.80	$25.12
You+ Family	$20.48	$40.16

ID Theft

Monthly Paycheck Deductions

Coverage Level	
You Only	$7.48
You+ Family	$15.00

Legal Service Plan

Monthly Paycheck Deductions

Coverage Level	
Associate	$18.00

Supplemental Life and AD&D Insurance

Monthly Paycheck Deductions

Age	Associate		Spouse/Domestice Partner	
	Per $1,000 of Coverage 1x-8x Annual Earnings Up to $5 Million		Per $1,000 of Coverage $10,00-$250,000**	
	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User
<25	$0.034	$0.043	$0.080	$0.100
25-29	$0.035	$0.044	$0.080	$0.100
30-34	$0.035	$0.044	$0.091	$0.110
35-39	$0.046	$0.058	$0.102	$0.131
40-44	$0.063	$0.080	$0.182	$0.230
45-49	$0.098	$0.124	$0.270	$0.330
50-54	$0.151	$0.191	$0.429	$0.542
55-59	$0.279	$0.354	$0.774	$0.976
60-64	$0.431	$0.544	$1.050	$1.327
65-69	$0.712	$0.899	$1.445	$1.824
70-74	$1.209	$1.527	$2.343	$2.874
75+	$1.612	$1.904	$3.799	$4.559
Child(ren)*				
$10,000	$0.500			
$15,000	$0.750			
$20,000	$1.000			

* You must purchase Associate coverage to elect this coverage.
** Cannot exceed associate coverage (Basic + Supplemental coverage).

Supplemental Long-Term Disability

Monthly Paycheck Deductions

	Coverage
Associate	$0.361 per $100 covered amount

Critical Illness

Monthly Paycheck Deductions

$5,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$1.85	$3.59	$1.85	$3.59
25-29	$1.98	$4.11	$1.98	$4.11
30-34	$2.36	$4.85	$2.36	$4.85
35-39	$3.13	$6.17	$3.13	$6.17
40-44	$4.65	$9.11	$4.65	$9.11
45-49	$5.92	$11.41	$5.92	$11.41
50-54	$6.48	$14.39	$6.48	$14.39
55-59	$7.47	$17.15	$7.47	$17.15
60-64	$8.23	$19.29	$8.23	$19.29
65-69	$9.03	$21.06	$9.03	$21.06
70+	$12.48	$31.85	$12.48	$31.85

$10,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$3.23	$6.68	$3.23	$6.68
25-29	$3.36	$7.01	$3.36	$7.01
30-34	$4.04	$8.34	$4.04	$8.34
35-39	$5.97	$12.23	$5.97	$12.23
40-44	$8.79	$17.89	$8.79	$17.89
45-49	$11.15	$23.52	$11.15	$23.52
50-54	$13.07	$30.32	$13.07	$30.32
55-59	$14.64	$35.76	$14.64	$35.76
60-64	$16.53	$41.81	$16.53	$41.81
65-69	$18.75	$45.28	$18.75	$45.28
70+	$26.13	$68.95	$26.13	$68.95

$20,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$5.96	$12.35	$5.96	$12.35
25-29	$6.12	$12.83	$6.12	$12.83
30-34	$7.38	$15.28	$7.38	$15.28
35-39	$11.09	$22.81	$11.09	$22.81
40-44	$16.64	$34.00	$16.64	$34.00
45-49	$21.34	$45.26	$21.34	$45.26
50-54	$25.15	$58.86	$25.15	$58.86
55-59	$28.39	$69.95	$28.39	$69.95
60-64	$32.25	$82.27	$32.25	$82.27
65-69	$36.84	$89.50	$36.84	$89.50
70+	$51.72	$137.04	$51.72	$137.04

$30,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$8.68	$18.03	$8.68	$18.03
25-29	$8.88	$18.64	$8.88	$18.64
30-34	$10.72	$22.22	$10.72	$22.22
35-39	$16.20	$33.38	$16.20	$33.38
40-44	$24.48	$50.11	$24.48	$50.11
45-49	$31.53	$67.01	$31.53	$67.01
50-54	$37.24	$87.40	$37.24	$87.40
55-59	$42.14	$104.14	$42.14	$104.14
60-64	$47.97	$122.72	$47.97	$122.72
65-69	$54.94	$133.73	$54.94	$133.73
70+	$77.30	$205.12	$77.30	$205.12

$40,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$11.40	$23.70	$11.40	$23.70
25-29	$11.63	$24.45	$11.63	$24.45
30-34	$14.06	$29.17	$14.06	$29.17
35-39	$21.32	$43.96	$21.32	$43.96
40-44	$32.32	$66.22	$32.32	$66.22
45-49	$41.72	$88.76	$41.72	$88.76
50-54	$49.33	$115.94	$49.33	$115.94
55-59	$55.90	$138.32	$55.90	$138.32
60-64	$63.70	$163.17	$63.70	$163.17
65-69	$73.03	$177.96	$73.03	$177.96
70+	$102.89	$273.21	$102.89	$273.21

$50,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	$14.13	$29.38	$14.13	$29.38
25-29	$14.39	$30.26	$14.39	$30.26
30-34	$17.40	$36.11	$17.40	$36.11
35-39	$26.44	$54.53	$26.44	$54.53
40-44	$40.16	$82.33	$40.16	$82.33
45-49	$51.91	$110.50	$51.91	$110.50
50-54	$61.42	$144.48	$61.42	$144.48
55-59	$69.65	$172.51	$69.65	$172.51
60-64	$79.42	$203.63	$79.42	$203.63
65-69	$91.13	$222.19	$91.13	$222.19
70+	$128.48	$341.30	$128.48	$341.30

Accident

Monthly Paycheck Deductions

Coverage Level	
You Only	$3.44
You + Spouse	$6.92
You + Child(ren)	$7.28
You+ Family	$10.72

Hospital Indemnity

Monthly Paycheck Deductions

Coverage Level	
You Only	$8.88
You + Spouse	$17.76
You + Child(ren)	$16.00
You+ Family	$24.88