

2026 Paycheck Deductions Puerto Rico Part-Time Associates



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

Dental

Monthly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus
You Only	\$27.00	\$45.00
You + Spouse	\$63.00	\$97.00
You + Child(ren)	\$58.00	\$88.00
You+ Family	\$89.00	\$140.00

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

Term Life and AD&D Insurance

Monthly Paycheck Deductions

Age	Associate	Spouse/Domestic Partner
	Per \$1,000 of Coverage \$10,000–\$150,000 in \$10,000 increments	Per \$1,000 of Coverage \$5,00-30,000**
<25	\$0.049	\$0.090
25-29	\$0.058	\$0.090
30-34	\$0.078	\$0.100
35-39	\$0.088	\$0.117
40-44	\$0.097	\$0.206
45-49	\$0.150	\$0.300
50-54	\$0.230	\$0.486
55-59	\$0.430	\$0.875
60-64	\$0.660	\$1.189
65-69	\$1.232	\$1.635
70-74	\$2.035	\$2.343
75+	\$2.060	\$3.799
Child(ren)*		
\$2,500		\$1.16
\$5,000		\$2.28
\$10,000		\$4.56

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

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