2026 Paycheck Deductions
U.S. Part-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.

Dental

Monthly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus	DMO
You Only	$27.00	$45.00	$16.00
You + Spouse	$63.00	$97.00	$33.00
You + Child(ren)	$58.00	$88.00	$39.00
You+ Family	$89.00	$140.00	$61.00

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 Per $1,000 of Coverage $10,000–$150,000 in $10,000 increments	Spouse/Domestice Partner 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