MILENDER WHITE - 2026 vs 2027 MONTHLY PREMIUMS

Salaried Employees

Benefit	2026 Premium		2027 Premium	
DENTAL PPO				
Employee	$36.14		$25.45	
Employee + Spouse	$72.31		$51.10	
Employee + Child(ren)	$103.69		$59.97	
Employee + Family	$150.95		$87.52	
DENTAL HMO				
Employee	$11.60		$0.00	
Employee + Spouse	$20.26		$0.00	
Employee + Child(ren)	$24.95		$0.00	
Employee + Family	$35.92		$0.00	
VISION				
	With Medical Coverage	**Without Medical Coverage**	**VSP**	**EyeMed**
Employee	$0.00	$5.73	$0.00	$0.00
Employee + Spouse	$2.57	$8.30	$7.44	$6.32
Employee + Child(ren)	$2.57	$8.30	$6.70	$5.58
Employee + Family	$9.16	$14.89	$9.80	$8.68
MEDICAL BASE PLAN				
Employee	$0.00		$92.06	
Employee + Spouse	$0.00		$196.19	
Employee + Child(ren)	$0.00		$170.22	
Employee + Family	$0.00		$275.27	
MEDICAL PPO - Buy-up				
Employee	$721.45		N/A	
Employee + Spouse	$1,531.81		N/A	
Employee + Child(ren)	$1,255.13		N/A	
Employee + Family	$2,158.66		N/A	
MEDICAL HDHP				
			HDHP 4K	**HDHP 2K**
Employee	$220.79		$0.00	$38.84
Employee + Spouse	$457.13		$0.00	$82.76
Employee + Child(ren)	$374.04		$0.00	$71.80
Employee + Family	$644.12		$0.00	$116.12
MEDICAL HMO (California only)				
Employee	N/A		$93.07	
Employee + Spouse	N/A		$614.24	
Employee + Child(ren)	N/A		$558.40	
Employee + Family	N/A		$837.60	

Hourly Employees

Benefit	2026 Premium	2027 Premium
DENTAL PPO		
Employee	$36.14	$25.45
Employee + Spouse	$72.31	$51.10
Employee + Child(ren)	$103.69	$59.97
Employee + Family	$150.95	$87.52
DENTAL HMO		
Employee	$11.60	$0.00
Employee + Spouse	$20.26	$0.00
Employee + Child(ren)	$24.95	$0.00
Employee + Family	$35.92	$0.00

VISION

	With Medical Coverage	Without Medical Coverage	VSP	EyeMed
Employee	$0.00	$5.73	$0.00	$0.00
Employee + Spouse	$2.57	$8.30	$7.44	$6.32
Employee + Child(ren)	$2.57	$8.30	$6.70	$5.58
Employee + Family	$9.16	$14.89	$9.80	$8.68

MEDICAL BASE PLAN

	Before 12 Months of Service	After 12 Months of Service	
Employee	$127.81	$0.00	$92.06
Employee + Spouse	$990.45	$862.64	$196.19
Employee + Child(ren)	$711.41	$583.60	$170.22
Employee + Family	$1,618.21	$1,490.40	$275.27

MEDICAL PPO - Buy-up

	Before 12 Months of Service	After 12 Months of Service	
Employee	$849.26	$721.45	N/A
Employee + Spouse	$2,522.26	$2,394.45	N/A
Employee + Child(ren)	$1,966.54	$1,838.73	N/A
Employee + Family	$3,776.87	$3,649.06	N/A

MEDICAL HDHP

	Before 12 Months of Service	After 12 Months of Service	HDHP 4K	HDHP 2K
Employee	$305.21	$220.79	$0.00	$38.84
Employee + Spouse	$1,085.68	$999.96	$0.00	$82.76
Employee + Child(ren)	$818.21	$736.39	$0.00	$71.80
Employee + Family	$1,670.70	$1,590.18	$0.00	$116.12

MEDICAL HMO (California only)

Employee	N/A	$93.07
Employee + Spouse	N/A	$614.24
Employee + Child(ren)	N/A	$558.40
Employee + Family	N/A	$837.60

Disclaimer: *This information is intended for informational purposes only and does not include all plan details. Official plan documents will be available on January 1, 2027. In the event of any discrepancy, the official plan documents will govern.*