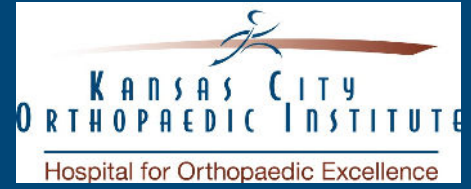


RATES



2026 EMPLOYEE CONTRIBUTIONS

January 1 - December 31, 2026

Your contributions toward the cost of benefits are automatically deducted from your paycheck before or after taxes, depending on the plan. The amount will depend upon the plan you select and if you choose to cover eligible family members.

| 2026 Employee Contributions | Copay Plan | Copay Plan | QHDHP | QHDHP |
|--|----------------------|-----------------|----------------------|-----------------|
| | Aetna Choice® POS II | KC Care Network | Aetna Choice® POS II | KC Care Network |
| Employee Contributions Per Pay Period | | | | |
| Employee | \$99.75 | \$75.08 | \$68.78 | \$29.40 |
| Employee + Spouse | \$369.60 | \$316.58 | \$302.40 | \$216.30 |
| Employee + Child(ren) | \$293.48 | \$249.90 | \$238.35 | \$167.48 |
| Employee + Family | \$466.73 | \$394.80 | \$375.38 | \$257.78 |

If you are non-tobacco user you will receive a **\$10 discount per pay period** on your employee health premiums.

Get Rewarded

Employees and spouses on the health plan who complete a biometric screening and additional wellness activities will earn an insurance premium discount in 2026 to be applied to their 2027 health insurance premium. All lab forms must be requested by October 24, 2026 and submitted by October 31, 2026. If you have completed a comprehensive blood draw with your physician since December 1, 2025, you can submit your results through the physician screening option. You will need to follow the same steps to register and then choose physician screening.

| Points Earned | Employee Potential Premium Reduction | With Spouse Participation |
|---------------|--------------------------------------|--------------------------------|
| 1,000 | \$5 per pay period | Additional \$5 per pay period |
| 2,000 | \$10 per pay period | Additional \$10 per pay period |
| 3,000 | \$15 per pay period | Additional \$15 per pay period |

Dental Plan

| Enrollment Tier | Employee Rate Per Pay Period |
|-----------------|------------------------------|
| Employee Only | \$4.68 |
| Family | \$26.07 |

MetLife Legal Plans

| Enrollment Tier | Employee Rate Per Pay Period |
|---------------------------------------|------------------------------|
| Employee (covers spouse & dependents) | \$9.00 |

Vision Plan

| Enrollment Tier | Employee Rate Per Pay Period |
|-----------------------|------------------------------|
| Employee Only | \$4.50 |
| Employee & Spouse | \$7.19 |
| Employee & Child(ren) | \$7.34 |
| Family | \$11.84 |

MetLife Identity & Fraud Protection

| Enrollment Tier | Employee Rate Per Pay Period |
|----------------------------|------------------------------|
| Protection Individual | \$3.48 |
| Protection Family | \$5.98 |
| Protection PLUS Individual | \$5.48 |
| Protection PLUS Family | \$8.48 |

401(k)

- You are eligible for the 401(k) if you are at least 21 years old and have been employed for 30 or more days.
- You are automatically enrolled at 6% contributions with a 1% increase annually on January first, up to a maximum of 10%.
- You may contribute a minimum of 1% to a maximum amount determined by IRS.
- Employer discretionary match: 50% of employees first 4% contributed.

Pension/Profit Sharing

- Pension and Profit Sharing will be determined annually. Pension and Profit Sharing is provided as a benefit by this organization.
- After one year of service and 1,000 hours. Entry the first full pay period in the next month after completing 12 months of service.