



**YMCA of Northern Rock County
Benefit Plan Rates
Effective January 1, 2026**

Health & Vision Plan

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	s u r v e y c o m p l e t e d	\$ per paycheck	N O T C o m p l e t e d	\$ per paycheck
<u>HDHP 4000</u>							
Family	1755.20	1228.64	526.56		263.28		438.80
Employee / Spouse	1285.60	899.92	385.68		192.84		321.40
Employee / Child (ren)	1056.40	739.48	316.92		158.46		264.10
Employee Only	586.80	410.76	176.04		88.02		146.70

Our Y earns premium credits for on-line Rally Health survey participation by individuals 19 years of age and older and covered by a Y plan. Without everyone's participation, our ability to earn the maximum credit allowed is diminished and therefore those not participating in the survey, will be required to pay a greater portion of their monthly premium.

To receive full benefit of premiums paid by the Y, all eligible participants* are required to complete the survey on or before **January 15, 2026**. Employees not meeting this requirement will pay a larger portion of monthly premium as noted here beginning in March, 2026.

*Eligible participants: employee, spouse, 19-25 year old children covered on plan as of 1/1/26.

Dental Plan

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	\$ per paycheck
<u>CIGNA Dental</u>				
Family	115.70	80.99	34.71	17.36
Employee / Spouse	84.50	59.15	25.35	12.68
Employee / Child (ren)	70.00	49.00	21.00	10.50
Employee Only	38.80	27.16	11.64	5.82

Optional Life Insurance

Age	Premium Rate per \$1,000 of coverage (2 times salary)
< 25	0.05
25 – 39	0.06
40 – 44	0.08
45 – 49	0.12
50 – 54	0.18
55 – 59	0.29
60 – 64	0.48
65 – 69	0.89
70	1.90