

NantWorks

2026 Plan Year Rate Sheet

Effective January 1, 2026

Medical				
Blue Shield HMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$860.15	\$1,892.33	\$1,548.29	\$2,666.45
Employer Monthly Rate	\$688.12	\$1,513.86	\$1,238.63	\$2,133.16
Employee Monthly Rate	\$172.03	\$378.47	\$309.66	\$533.29
Bi-Weekly Payroll Deduction	\$79.40	\$174.68	\$142.92	\$246.13
Monthly COBRA Rate	\$877.35	\$1,930.18	\$1,579.26	\$2,719.78

Blue Shield PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$1,049.27	\$2,306.42	\$1,887.07	\$3,249.97
Employer Monthly Rate	\$839.42	\$1,845.13	\$1,509.65	\$2,599.98
Employee Monthly Rate	\$209.85	\$461.29	\$377.42	\$649.99
Bi-Weekly Payroll Deduction	\$96.85	\$212.90	\$174.19	\$300.00
Monthly COBRA Rate	\$1,070.26	\$2,352.55	\$1,924.81	\$3,314.97

Dental				
Delta DPPO Low	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$49.85	\$101.82	\$120.56	\$185.42
Employer Monthly Rate	\$39.88	\$81.46	\$96.45	\$148.34
Employee Monthly Rate	\$9.97	\$20.36	\$24.11	\$37.08
Bi-Weekly Payroll Deduction	\$4.60	\$9.40	\$11.13	\$17.11
Monthly COBRA Rate	\$50.85	\$103.86	\$122.97	\$189.13

Delta DPPO High	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$51.47	\$104.76	\$122.39	\$188.78
Employer Monthly Rate	\$41.18	\$83.81	\$97.91	\$151.02
Employee Monthly Rate	\$10.29	\$20.95	\$24.48	\$37.76
Bi-Weekly Payroll Deduction	\$4.75	\$9.67	\$11.30	\$17.43
Monthly COBRA Rate	\$52.50	\$106.86	\$124.84	\$192.56

Delta DHMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$15.75	\$30.70	\$33.21	\$48.01
Employer Monthly Rate	\$12.60	\$24.56	\$26.57	\$38.41
Employee Monthly Rate	\$3.15	\$6.14	\$6.64	\$9.60
Bi-Weekly Payroll Deduction	\$1.45	\$2.83	\$3.06	\$4.43
Monthly COBRA Rate	\$16.07	\$31.31	\$33.87	\$48.97

Vision				
EyeMed Base Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$5.53	\$10.51	\$11.06	\$16.26
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$5.53	\$10.51	\$11.06	\$16.26
Bi-Weekly Payroll Deduction	\$2.55	\$4.85	\$5.10	\$7.50
Weekly Payroll Deduction	\$1.28	\$2.43	\$2.55	\$3.75
Monthly COBRA Rate	\$5.64	\$10.72	\$11.28	\$16.59

EyeMed Buy Up Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$10.30	\$19.56	\$20.59	\$30.27
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$10.30	\$19.56	\$20.59	\$30.27
Bi-Weekly Payroll Deduction	\$4.75	\$9.03	\$9.50	\$13.97
Monthly COBRA Rate	\$10.51	\$19.95	\$21.00	\$30.88

Life/AD&D				
UNUM Basic Life	Basic Life	Basic AD&D		
Monthly Rate per \$1,000	\$0.052	\$0.015		
Bi-Weekly Rate per \$1,000	\$0.024	\$0.007		
UNUM Voluntary Life	Voluntary Life	Voluntary AD&D	Monthly Total	Bi-Weekly Total
Monthly Rate per \$1,000				
< 25	\$0.054	\$0.028	\$0.082	\$0.038
25 - 29	\$0.054	\$0.028	\$0.082	\$0.038
30 - 34	\$0.054	\$0.028	\$0.082	\$0.038
35 - 39	\$0.061	\$0.028	\$0.089	\$0.041
40 - 44	\$0.108	\$0.028	\$0.136	\$0.063
45 - 49	\$0.162	\$0.028	\$0.190	\$0.088
50 - 54	\$0.216	\$0.028	\$0.244	\$0.113
55 - 59	\$0.405	\$0.028	\$0.433	\$0.200
60 - 64	\$0.594	\$0.028	\$0.622	\$0.287
65 - 69	\$0.891	\$0.028	\$0.919	\$0.424
70 - 74	\$1.863	\$0.028	\$1.891	\$0.873
75 +	\$1.863	\$0.028	\$1.891	\$0.873
Spouse Rate per \$1,000	\$0.171	\$0.028	\$0.199	\$0.092
Child Rate per \$1,000	\$0.232	\$0.028	\$0.260	\$0.120

Disability		
UNUM STD	STD - Core	STD - Buy Up
Monthly Rate per \$10	\$0.140	\$0.162
Bi-Weekly Rate per \$10	\$0.065	\$0.075

UNUM LTD	LTD - Core	LTD - Buy Up
Monthly Rate per \$100	\$0.100	\$0.250
Bi-Weekly Rate per \$100	\$0.046	\$0.115

Voluntary Benefits				
UNUM Accident	Employee	Employee + Spouse	Employee + Child	Employee + Family
Employee Bi-Weekly Payroll Deduction				
Low Plan Monthly Rates	\$6.44	\$11.37	\$13.44	\$18.37
High Plan Monthly Rates	\$10.79	\$18.67	\$21.33	\$29.21

UNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Non Tobacco)	Monthly Rate per \$1,000			
<25	\$0.22	\$0.44	\$0.22	\$0.44
25-29	\$0.27	\$0.54	\$0.27	\$0.54
30-34	\$0.39	\$0.78	\$0.39	\$0.78
35-39	\$0.54	\$1.08	\$0.54	\$1.08
40-44	\$0.86	\$1.72	\$0.86	\$1.72
45-49	\$1.11	\$2.22	\$1.11	\$2.22
50-54	\$1.47	\$2.94	\$1.47	\$2.94
55-59	\$1.93	\$3.86	\$1.93	\$3.86
60-64	\$2.90	\$5.80	\$2.90	\$5.80
65-69	\$3.94	\$7.88	\$3.94	\$7.88
70-74	\$5.28	\$10.56	\$5.28	\$10.56
75-79	\$5.28	\$10.56	\$5.28	\$10.56
80-84	\$5.28	\$10.56	\$5.28	\$10.56
85+	\$5.28	\$10.56	\$5.28	\$10.56

UNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Tobacco)	Monthly Rate per \$1,000			
<25	\$0.24	\$0.48	\$0.24	\$0.48
25-29	\$0.34	\$0.68	\$0.34	\$0.68
30-34	\$0.49	\$0.98	\$0.49	\$0.98
35-39	\$0.73	\$1.46	\$0.73	\$1.46
40-44	\$1.16	\$2.32	\$1.16	\$2.32
45-49	\$1.61	\$3.22	\$1.61	\$3.22
50-54	\$2.19	\$4.38	\$2.19	\$4.38
55-59	\$2.95	\$5.90	\$2.95	\$5.90
60-64	\$4.46	\$8.92	\$4.46	\$8.92
65-69	\$5.53	\$11.06	\$5.53	\$11.06
70-74	\$7.31	\$14.62	\$7.31	\$14.62
75-79	\$9.19	\$18.38	\$9.19	\$18.38
80-84	\$11.58	\$23.16	\$11.58	\$23.16
85+	\$13.25	\$26.50	\$13.25	\$26.50

