Glacial Community YMCA
Benefit Plan Rates
Effective January 1, 2026

Health & Vision Plan

	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	RALLY SURVEY COMPLETED	$ per paycheck	ALLY SURVEY NOT COMPLETE	$ per paycheck
Surest Gold							
Family	2523.50	1514.10	1009.40		504.70		757.05
Employee / Spouse	1847.50	1108.50	739.00		369.50		554.25
Employee / Child (ren)	1520.90	912.54	608.36		304.18		456.27
Employee Only	844.90	506.94	337.96		168.98		253.47
	Total Monthly Premium	60% paid by YMCA	40% paid by Employee		$ per paycheck		$ per paycheck
HDHP 3000							
Family	2383.20	1429.92	953.28		476.64		536.22
Employee / Spouse	1744.70	1046.82	697.88		348.94		392.56
Employee / Child (ren)	1436.40	861.84	574.56		287.28		323.19
Employee Only	797.90	478.74	319.16		159.58		179.53
	Total Monthly Premium	75% paid by YMCA	25% paid by Employee		$ per paycheck		$ per paycheck
HDHP 4000							
Family	1773.00	1329.75	443.25		221.63		398.93
Employee / Spouse	1298.40	973.80	324.60		162.30		292.14
Employee / Child (ren)	1067.60	800.70	266.90		133.45		240.21
Employee Only	593.00	444.75	148.25		74.13		133.43

Our Y earns premium credits for on-line Rally Health survey participantion 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 premuim.

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 requrement 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.**

Refer to benefits page on Employee Portal for instructions and link to the survey.

Dental Plan

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	$ per paycheck
CIGNA Dental				
Family	128.60	90.02	38.58	19.29
Employee / Spouse	94.00	65.80	28.20	14.10
Employee / Child (ren)	77.70	54.39	23.31	11.66
Employee Only	43.10	30.17	12.93	6.47

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