



GLACIAL COMMUNITY YMCA BENEFIT RATES Effective January 1, 2026

Health & Vision Plan

	Total Monthly Premium	60% paid by YMCA	40% paid by Employee	\$ per paycheck
<u>Surest Gold</u>				
Family	2523.50	1514.10	1009.40	504.70
Employee / Spouse	1847.50	1108.50	739.00	369.50
Employee / Child (ren)	1520.90	912.54	608.36	304.18
Employee Only	844.90	506.94	337.96	168.98
<u>HDHP 3000</u>				
Family	2383.20	1429.92	953.28	476.64
Employee / Spouse	1744.70	1046.82	697.88	348.94
Employee / Child (ren)	1436.40	861.84	574.56	287.28
Employee Only	797.90	478.74	319.16	159.58
<u>HDHP 4000</u>				
Family	1773.00	1329.75	443.25	221.63
Employee / Spouse	1298.40	973.80	324.60	162.30
Employee / Child (ren)	1067.60	800.70	266.90	133.45
Employee Only	593.00	444.75	148.25	74.13

Dental Plan

	Total Monthly Premium	70% paid by YMCA	30% paid by Employee	\$ per paycheck
<u>CIGNA Dental</u>				
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