BENEFITS DEDUCTION AMOUNTS

FY 2026 7/1/2025 - 6/30/2026 — **EMPLOYEE PAYROLL DEDUCTION**

GATEWAY CARVER HEALTH INSURANCE PLANS		Total Monthly Cost	Employee Monthly Cost	12/Months Bi/Wkly/24	10/Months Bi/Wkly/19
HMO WITH DENTAL: In-Network Only $500 Deductible					
	Ind	1,102.21	275.56	137.78	174.04
	Fam	2,980.56	745.14	372.57	470.61
HMO WITHOUT DENTAL: In-Network Only $500 Deductible					
	Ind	1,074.10	268.52	134.26	169.59
	Fam	2,904.52	726.14	363.07	458.62
PPO: $500 Deductible					
	Ind	1,390.76	347.70	173.85	219.60
	Fam	3,361.44	840.36	420.18	530.75
Select Network HMO Plan: $1000 Deductible					
	Ind	1,132.62	283.16	141.58	178.84
	Fam	3,062.75	765.70	382.85	483.60
AETNA Medicare Advantage PPO			**Retiree Monthly Cost**		
	Ind	338.19	84.56		
Altus Dental	Ind		40.50	20.25	25.58
	Fam		118.58	59.29	74.89
Altus Dental RETIREES	Ind		54.04		
	2 Person		108.08		
	Fam		189.12		

Basic Life	Coverage Amount	Monthly Cost	Employee Per Month	Cost 10/Deduct.
Group # 26051 - 011 ACTIVE EMPLOYEE	10,000.00	8.70	2.17	2.60
Group # 26051 - 011 RETIREES	5,000.00	4.35	1.09	N/A
Special Life - 100% Employee Paid				
Group # 26051 - 012	5,000.00		4.00	
ALTUS VISION Ind			5.25	6.30
Ind+Spouse			10.50	12.60
Ind+Child(ren)			11.03	13.24
Fam			15.23	18.28