



2026 OPEN ENROLLMENT RATE SHEET

Medical and Prescription Drug Coverage

Monthly contribution rates vary depending on your participation in the Azuria in Action wellness program and you and your spouse's tobacco status.

If you complete the Azuria in Action wellness program (biometrics and PHP)

If you do not complete the Azuria in Action wellness program (biometrics and PHP)

Non-Tobacco User (Self & Spouse)			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$121.81	\$176.42	\$284.11
Self + Spouse	\$238.96	\$340.79	\$537.77
Self + Child(ren)	\$230.64	\$324.54	\$504.55
Self + Family	\$467.28	\$639.35	\$962.25

Non-Tobacco User (Self & Spouse)			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$196.81	\$251.42	\$359.11
Self + Spouse	\$313.96	\$415.79	\$612.77
Self + Child(ren)	\$305.64	\$399.54	\$579.55
Self + Family	\$542.28	\$714.35	\$1,037.25

Tobacco User (Self) Non-Tobacco Spouse			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$321.81	\$376.42	\$484.11
Self + Spouse	\$438.96	\$540.79	\$737.77
Self + Child(ren)	\$430.64	\$524.54	\$704.55
Self + Family	\$667.28	\$839.35	\$1,162.25

Tobacco User (Self) Non-Tobacco Spouse			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$396.81	\$451.42	\$559.11
Self + Spouse	\$513.96	\$615.79	\$812.77
Self + Child(ren)	\$505.64	\$599.54	\$779.55
Self + Family	\$742.28	\$914.35	\$1,237.25

Non-Tobacco User (Self) Tobacco-User Spouse			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$121.81	\$176.42	\$284.11
Self + Spouse	\$438.96	\$540.79	\$737.77
Self + Child(ren)	\$230.64	\$324.54	\$504.55
Self + Family	\$667.28	\$839.35	\$1,162.25

Non-Tobacco User (Self) Tobacco-User Spouse			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$196.81	\$251.42	\$359.11
Self + Spouse	\$513.96	\$615.79	\$812.77
Self + Child(ren)	\$305.64	\$399.54	\$579.55
Self + Family	\$742.28	\$914.35	\$1,237.25

Tobacco User (Self & Spouse)			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$321.81	\$376.42	\$484.11
Self + Spouse	\$638.96	\$740.79	\$937.77
Self + Child(ren)	\$430.64	\$524.54	\$704.55
Self + Family	\$867.28	\$1,039.35	\$1,362.25

Tobacco User (Self & Spouse)			
	Value Plan (+HSA)	Savings Plan	Core Plan
Self Only	\$396.81	\$451.42	\$559.11
Self + Spouse	\$713.96	\$815.79	\$1,012.77
Self + Child(ren)	\$505.64	\$599.54	\$779.55
Self + Family	\$942.28	\$1,114.35	\$1,437.25

Dental Coverage

- Annual deductible: Individual \$50 / Family \$100

Your monthly contribution for dental coverage	
Self Only	\$15.70
Self + Spouse	\$29.53
Self + Child(ren)	\$26.92
Self + Family	\$47.94

Life and Accidental Death and Dismemberment (AD&D) Insurance

- Basic Life is 2X your annual base pay (up to \$500,000 max)
- Self accidental death & dismemberment (AD&D) is 2X your annual base pay
- Choose additional coverage in increments of \$10,000 up to \$1,000,000

Optional Life Rates	
Age as of January 1, 2026	Monthly Rate Per \$1,000 of Coverage
Less than 25	\$0.055
25 - 29	\$0.066
30 - 34	\$0.088
35 - 39	\$0.099
40 - 44	\$0.121
45 - 49	\$0.187
50 - 54	\$0.286
55 - 59	\$0.495
60 - 64	\$0.814
65 - 69	\$1.397
70 +	\$2.266

Vision Coverage

- Routine vision care covered 100% under all medical options
- All other vision benefits covered under vision plan (enrollment required)

Your monthly contribution for vision coverage	
Self Only	\$1.71
Self + Spouse	\$3.73
Self + Child(ren)	\$4.02
Self + Family	\$7.17

Disability Coverage

- Azuria provides all employees with Long-Term Disability coverage
- Only hourly field/shop employees must decide whether to choose or decline Short-Term Disability (STD) coverage
- If you are an hourly field/shop employee, your monthly cost is determined as follows:
 $\text{Weekly pay (excluding overtime)} \times .60 \times \$0.0475 = \text{Monthly cost of STD coverage}$

Dependent Life Insurance

- Spouse's coverage amount may not exceed 50% of your life insurance amount

Spouse/Domestic Partner Optional Life Rates	
Age as of January 1, 2026	Monthly Rate Per \$1,000 of Coverage
Less than 25	\$0.055
25 - 29	\$0.066
30 - 34	\$0.088
35 - 39	\$0.099
40 - 44	\$0.121
45 - 49	\$0.187
50 - 54	\$0.286
55 - 59	\$0.495
60 - 64	\$0.814
65 - 69	\$1.397
70 +	\$2.266

Child(ren) 6 months and over*

- \$10,000 - Monthly cost is \$1.32

*The benefit for children under 6 months of age is \$5,000

Optional AD&D Rates	
Age as of January 1, 2026	Monthly Rate Per \$1,000 of Coverage
Employee	\$0.033
Spouse	\$0.030
Child(ren)	\$0.022



2026 OPEN ENROLLMENT RATE SHEET

Medical and Prescription Drug Coverage for Kaiser Permanente HMO Plan

Monthly contribution rates vary depending on your participation in the Azuria in Action wellness program and you and your spouse's tobacco status.
 Note: The Kaiser Permanente HMO Plan is available to Azuria employees in California only.

If you complete the Azuria in Action wellness program (biometrics and PHP)

Monthly Contributions	Non-Tobacco User (Self & Spouse)	Tobacco User (Self) Non-Tobacco Spouse	Non-Tobacco (Self) Tobacco-User Spouse	Tobacco User (Self & Spouse)
Self Only	\$125.02	\$325.02	\$125.02	\$325.02
Self + Spouse	\$510.17	\$710.17	\$710.17	\$910.17
Self + Child(ren)	\$396.99	\$596.99	\$396.99	\$596.99
Self + Family	\$700.71	\$900.71	\$900.71	\$1,100.71

If you did not complete the Azuria in Action wellness program (biometrics and PHP)

Monthly Contributions	Non-Tobacco User (Self & Spouse)	Tobacco User (Self) Non-Tobacco Spouse	Non-Tobacco (Self) Tobacco-User Spouse	Tobacco User (Self & Spouse)
Self Only	\$200.02	\$400.02	\$200.02	\$400.02
Self + Spouse	\$585.17	\$785.17	\$785.17	\$985.17
Self + Child(ren)	\$471.99	\$671.99	\$471.99	\$671.99
Self + Family	\$775.71	\$975.71	\$975.71	\$1,175.71

Accident Insurance

- Lump sum amounts paid out to you when you have an accident

Monthly Rate	Low Plan	High Plan
Self Only	\$10.22	\$15.13
Self + Spouse	\$16.26	\$24.09
Self + Child(ren)	\$17.48	\$25.72
Self + Family	\$27.42	\$40.38

Critical Illness Insurance

- Lump sum amounts paid out to you if you are diagnosed with a covered illness

\$10,000 Coverage Amount Monthly Cost

Age	Attained Age Uni-Tobacco Monthly Premium Rates for \$10,000 Coverage Amount			
	Employee	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Family
18-24	\$4.24	\$8.46	\$6.94	\$11.61
25-29	\$5.20	\$10.32	\$7.90	\$13.46
30-34	\$5.85	\$11.61	\$8.55	\$14.75
35-39	\$7.41	\$14.71	\$10.10	\$17.85
40-44	\$10.27	\$20.55	\$12.96	\$23.70
45-49	\$15.73	\$31.94	\$18.43	\$35.08
50-54	\$21.76	\$44.60	\$24.46	\$47.74
55-59	\$29.63	\$61.18	\$32.33	\$64.32
60-64	\$41.60	\$86.26	\$44.29	\$89.40
65-69	\$56.95	\$117.71	\$59.65	\$120.85
70-74	\$76.48	\$157.98	\$79.18	\$161.12
75-79	\$101.95	\$209.68	\$104.64	\$212.83

\$20,000 Coverage Amount Monthly Cost

Age	Attained Age Uni-Tobacco Monthly Premium Rates for \$20,000 Coverage Amount			
	Employee	Employee + Spouse/Domestic Partner	Employee + Child(ren)	Family
18-24	\$7.37	\$14.75	\$11.78	\$19.88
25-29	\$9.20	\$18.28	\$13.61	\$23.42
30-34	\$10.45	\$20.76	\$14.86	\$25.89
35-39	\$13.53	\$26.89	\$17.94	\$32.02
40-44	\$19.15	\$38.35	\$23.55	\$43.49
45-49	\$29.95	\$60.84	\$34.36	\$65.98
50-54	\$41.93	\$85.98	\$46.34	\$91.12
55-59	\$57.55	\$118.90	\$61.95	\$124.04
60-64	\$81.34	\$168.75	\$85.75	\$173.89
65-69	\$111.86	\$231.24	\$116.27	\$236.37
70-74	\$150.78	\$311.49	\$155.19	\$316.63
75-79	\$201.59	\$414.65	\$206.00	\$419.78