

# 2026 Health Care Contributions



Your Health Plan employee contributions will be deducted from your pay on a pretax basis and determined based on your annual base salary as of December 31, 2025.

## MEDICAL CONTRIBUTIONS

WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
<b>WITH TOBACCO-FREE PLEDGE</b>						
Employee Only	\$15.23	\$24.46	\$31.15	\$49.85	\$78.92	\$126.23
Employee + Child(ren)	\$24.00	\$38.31	\$49.15	\$78.23	\$124.15	\$199.15
Employee + Spouse*	\$30.00	\$48.00	\$61.62	\$97.38	\$150.69	\$241.15
Family	\$45.92	\$73.62	\$83.08	\$138.92	\$189.23	\$303.46
<b>WITHOUT TOBACCO-FREE PLEDGE</b>						
Employee Only	\$19.85	\$31.85	\$40.62	\$64.85	\$102.69	\$164.08
Employee + Child(ren)	\$31.15	\$49.85	\$63.92	\$101.77	\$161.77	\$258.69
Employee + Spouse*	\$38.77	\$62.31	\$74.54	\$126.69	\$195.92	\$313.85
Family	\$59.77	\$95.77	\$102.23	\$180.69	\$246.00	\$394.38

BI-WEEKLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
<b>WITH TOBACCO-FREE PLEDGE</b>						
Employee Only	\$30.46	\$48.92	\$62.31	\$99.69	\$157.85	\$252.46
Employee + Child(ren)	\$48.00	\$76.62	\$98.31	\$156.46	\$248.31	\$398.31
Employee + Spouse*	\$60.00	\$96.00	\$123.23	\$194.77	\$301.38	\$482.31
Family	\$91.85	\$147.23	\$166.15	\$277.85	\$378.46	\$606.92
<b>WITHOUT TOBACCO-FREE PLEDGE</b>						
Employee Only	\$39.69	\$63.69	\$81.23	\$129.69	\$205.38	\$328.15
Employee + Child(ren)	\$62.31	\$99.69	\$127.85	\$203.54	\$323.54	\$517.38
Employee + Spouse*	\$77.54	\$124.62	\$149.08	\$253.38	\$391.85	\$627.69
Family	\$119.54	\$191.54	\$204.46	\$361.38	\$492.00	\$788.77

SEMI-MONTHLY	HSA BASIC		HSA PLUS		PPO	
	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more	Less than \$50k	\$50k or more
<b>WITH TOBACCO-FREE PLEDGE</b>						
Employee Only	\$33.00	\$53.00	\$67.50	\$108.00	\$171.00	\$273.50
Employee + Child(ren)	\$52.00	\$83.00	\$106.50	\$169.50	\$269.00	\$431.50
Employee + Spouse*	\$65.00	\$104.00	\$133.50	\$211.00	\$326.50	\$522.50
Family	\$99.50	\$159.50	\$180.00	\$301.00	\$410.00	\$657.50
<b>WITHOUT TOBACCO-FREE PLEDGE</b>						
Employee Only	\$43.00	\$69.00	\$88.00	\$140.50	\$222.50	\$355.50
Employee + Child(ren)	\$67.50	\$108.00	\$138.50	\$220.50	\$350.50	\$560.50
Employee + Spouse*	\$84.00	\$135.00	\$161.50	\$274.50	\$424.50	\$680.00
Family	\$129.50	\$207.50	\$221.50	\$391.50	\$533.00	\$854.50

\* Employees that choose to cover a spouse will be required to certify that the spouse does not have coverage available through another employer. If your spouse has other coverage available and you enroll him/her in the Watts Water medical plan, there will be a \$50 per month surcharge for enrollment.

## DENTAL

	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	\$2.54	\$5.08	\$5.50
Employee + Child(ren)	\$4.96	\$9.92	\$10.75
Employee + Spouse	\$7.38	\$14.77	\$16.00
Family	\$9.92	\$19.85	\$21.50

## VISION

	WEEKLY	BI-WEEKLY	SEMI-MONTHLY
Employee Only	\$2.28	\$4.55	\$4.93
Employee + Child(ren)	\$3.66	\$7.32	\$7.93
Employee + Spouse	\$3.58	\$7.17	\$7.77
Family	\$5.90	\$11.80	\$12.78