

Assurant Benefits Program

2026 Health, Dental and Vision Plan



Full-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
Health Plan	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Purple	\$108.63	\$0.00	\$299.92	\$0.00	\$276.15	\$0.00	\$400.91	\$0.00	\$108.63	\$191.29	\$108.63	\$167.52	\$108.63	\$292.28	\$276.15	\$124.76
Blue	\$180.14	\$0.00	\$443.34	\$0.00	\$401.41	\$0.00	\$611.30	\$0.00	\$180.14	\$263.20	\$180.14	\$221.27	\$180.14	\$431.16	\$401.41	\$209.89
Green	\$103.47	\$0.00	\$265.11	\$0.00	\$240.66	\$0.00	\$361.68	\$0.00	\$103.47	\$161.64	\$103.47	\$137.19	\$103.47	\$258.21	\$240.66	\$121.02
Orange	\$57.40	\$0.00	\$128.31	\$0.00	\$120.55	\$0.00	\$159.67	\$0.00	\$57.40	\$70.91	\$57.40	\$63.15	\$57.40	\$102.27	\$120.55	\$39.12
Dental Low Pan	\$4.74	\$0.00	\$9.39	\$0.00	\$11.69	\$0.00	\$16.60	\$0.00	\$4.74	\$4.65	\$4.74	\$6.95	\$4.74	\$11.86	\$11.69	\$4.91
Dental High Plan	\$8.26	\$0.00	\$16.34	\$0.00	\$20.34	\$0.00	\$28.90	\$0.00	\$8.26	\$8.08	\$8.26	\$12.08	\$8.26	\$20.64	\$20.34	\$8.56
Vision Plan	\$3.12	\$0.00	\$6.25	\$0.00	\$6.41	\$0.00	\$9.53	\$0.00	\$3.12	\$3.12	\$3.12	\$3.29	\$3.12	\$6.41	\$6.41	\$3.12

Part-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
Health Plan	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Purple	\$200.10	\$0.00	\$456.42	\$0.00	\$415.99	\$0.00	\$622.56	\$0.00	\$200.10	\$256.32	\$200.10	\$215.89	\$200.10	\$422.46	\$415.99	\$206.57
Blue	\$272.49	\$0.00	\$601.50	\$0.00	\$543.70	\$0.00	\$832.87	\$0.00	\$272.49	\$329.01	\$272.49	\$271.21	\$272.49	\$560.38	\$543.70	\$289.17
Green	\$194.28	\$0.00	\$426.40	\$0.00	\$386.82	\$0.00	\$583.82	\$0.00	\$194.28	\$232.12	\$194.28	\$192.54	\$194.28	\$389.54	\$386.82	\$197.00
Orange	\$74.93	\$0.00	\$288.27	\$0.00	\$264.75	\$0.00	\$382.59	\$0.00	\$74.93	\$213.34	\$74.93	\$189.82	\$74.93	\$307.66	\$264.75	\$117.84
Dental Low Pan	\$6.77	\$0.00	\$13.46	\$0.00	\$16.80	\$0.00	\$23.69	\$0.00	\$6.77	\$6.69	\$6.77	\$10.03	\$6.77	\$16.92	\$16.80	\$6.89
Dental High Plan	\$10.39	\$0.00	\$20.64	\$0.00	\$25.75	\$0.00	\$36.36	\$0.00	\$10.39	\$10.25	\$10.39	\$15.36	\$10.39	\$25.97	\$25.75	\$10.61
Vision Plan	\$3.12	\$0.00	\$6.25	\$0.00	\$6.41	\$0.00	\$9.53	\$0.00	\$3.12	\$3.12	\$3.12	\$3.29	\$3.12	\$6.41	\$6.41	\$3.12

*Your deductions may differ slightly due to rounding. Non-tobacco users will receive a separate Tobacco-Free Health Credit of \$23.08 per paycheck under the Assurant Health Plan, lowering your total contribution.

EE=Employee SP=Spouse CH=Employee Child DP=Domestic Partner CP=Domestic Partner Child