

Employee Contributions for the 2026 Plan Year

CA Times is proud to provide you with competitive benefits and the ability to choose the coverage that meets your needs. Your cost for coverage will vary depending on the option and level of coverage you choose. Medical premiums are based on salary bands, above \$100,000 and below \$100,000. For new hires, your salary at your hire date is what will be used to determine the salary band. For employees that have been with the company your salary in October is what is used to determine the salary band (frozen salary). Contributions below are based on 26 pay periods. These are the amounts that will be deducted per paycheck for the plan year of 1/1/2026 - 12/31/2026. The cost will remain the same regardless of compensation changes through the year for non-commission employees. The Company reserves the right to update the aforementioned as needed with advance notice. For employees transitioning to a benefits eligible class, the salary will be updated to reflect the salary at transition.

For employees on a commission plan, frozen salary is updated a second time to capture commissions made during the fiscal year. If you are a commission employee your medical premiums will adjust according to your Annual Benefits Base Rate ("ABBR") made during the fiscal year. This is defined as your base salary + the commissions earned during the Fiscal Year. Please note, deductions will adjust in March 2026. Commission employees hired after February, your salary at hire is used for the remainder of the year.

Employees earning < or = \$100,000		
Employee Bi-weekly cost (# of paychecks 26)	Collective Health PPO	Collective Health HDHP
Employee Only	\$124.78	\$72.94
Employee + Spouse	\$368.98	\$230.17
Employee + Child	\$326.20	\$205.14
Employee + Family	\$561.51	\$357.80
Employees earning > or = \$100,000		
Employee Bi-weekly cost (# of paychecks 26)	Collective Health PPO	Collective Health HDHP
Employee Only	\$156.87	\$91.17
Employee + Spouse	\$429.59	\$268.93
Employee + Child	\$376.14	\$237.02
Employee + Family	\$643.52	\$410.23

Employees earning < or = \$100,000			
Employee Bi-weekly cost (# of paychecks 26)	Kaiser Traditional HMO (CA Only)	Kaiser Signature HMO (CA Only)	Kaiser Signature HMO Mid-Atlantic
Employee Only	\$114.00	\$79.93	\$37.05
Employee + Spouse	\$300.55	\$247.96	\$114.95
Employee + Child	\$265.02	\$223.38	\$103.55
Employee + Family	\$441.20	\$379.11	\$175.75
Employees earning > or = \$100,000			
Employee Bi-weekly cost (# of paychecks 26)	Kaiser Traditional HMO (CA Only)	Kaiser Signature HMO (CA Only)	Kaiser Signature HMO Mid-Atlantic
Employee Only	\$133.25	\$94.28	\$43.70
Employee + Spouse	\$340.53	\$286.90	\$133.00
Employee + Child	\$302.03	\$260.26	\$120.65
Employee + Family	\$498.94	\$438.67	\$203.30

Employee Bi-weekly cost (# of paychecks 26)	Dental - Standard PPO	Dental - Enhanced PPO	EyeMed Standard	EyeMed Enhanced
Employee Only	\$13.36	\$14.85	\$2.72	\$6.45
Employee + Spouse	\$26.74	\$29.70	\$4.81	\$11.40
Employee + Child	\$34.76	\$38.62	\$5.71	\$13.55
Employee + Family	\$48.12	\$53.46	\$8.22	\$19.28

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Supplemental Life/AD&D – Bi-Weekly Rates Per \$1,000 of Coverage. Rate is based on the age on January 1st or age upon entry.

LFG - Supplemental Life	Employee Rate	Spouse/DP (based on age)
Bi-Weekly Rate per \$1,000 of Coverage		
Age < 24	\$0.017	\$0.019
Age 25-29	\$0.017	\$0.019
Age 30-34	\$0.018	\$0.023
Age 35-39	\$0.024	\$0.031
Age 40-44	\$0.033	\$0.042
Age 45-49	\$0.046	\$0.061
Age 50-54	\$0.081	\$0.096
Age 55-59	\$0.126	\$0.174
Age 60-64	\$0.219	\$0.328
Age 65-69	\$0.368	\$0.561
Age 70+	\$0.625	\$1.045
Age 75+	\$0.625	\$1.045
Child(ren) Bi-Weekly Rate Per \$1,000 of Coverage	\$0.071	

LFG - Voluntary AD&D	Employee Rate	Spouse/DP Rate	Child Rate
Bi-Weekly Rate per \$1,000 of Coverage	\$0.010	\$0.013	\$0.013

LFG - Long-Term Disability	LTD
Bi-Weekly Rate per \$100 of Covered Payroll	
Age 29 and under	\$0.042
Age 30-34	\$0.042
Age 35-39	\$0.078
Age 40-44	\$0.125
Age 45-49	\$0.180
Age 50-54	\$0.263
Age 55-59	\$0.282
Age 60-64	\$0.268
Age 65-69	\$0.355
Age 70+	\$0.374

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MetLife Critical Illness	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates per \$1,000	\$0.16	\$0.27	\$0.25	\$0.37
Age 25-29	\$0.16	\$0.27	\$0.26	\$0.37
Age 30-34	\$0.23	\$0.36	\$0.32	\$0.46
Age 35-39	\$0.31	\$0.49	\$0.41	\$0.59
Age 40-44	\$0.45	\$0.69	\$0.55	\$0.79
Age 45-49	\$0.66	\$0.99	\$0.75	\$1.08
Age 50-54	\$0.96	\$1.43	\$1.06	\$1.52
Age 55-59	\$1.32	\$1.94	\$1.41	\$2.04
Age 60-64	\$1.80	\$2.63	\$1.89	\$2.72
Age 65-69	\$2.58	\$3.76	\$2.68	\$3.85
Age 70+	\$3.87	\$5.66	\$3.97	\$5.76
Age 75+	\$3.87	\$5.66	\$3.97	\$5.76

MetLife Accident Low Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates	\$3.65	\$5.61	\$6.60	\$8.71

MetLife Accident High Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates	\$6.94	\$10.76	\$12.54	\$16.40

MetLife Hospital Low Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates	\$4.36	\$7.21	\$7.21	\$10.38

MetLife Hospital High Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates	\$5.51	\$9.01	\$9.01	\$13.11

LifeLock Identity Theft Essential	Employee Only	Employee + Dependent(s)
Bi-Weekly Rates	\$3.69	\$6.45

LifeLock Identity Theft Premier	Employee Only	Employee + Dependent(s)
Bi-Weekly Rates	\$4.61	\$6.91

MetLife Legal Plans	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
Bi-Weekly Rates	\$7.62	\$7.62	\$7.62	\$7.62

Nationwide Pet Insurance
Monthly rates vary by state and type of animal. Must call Nationwide directly for a quote, not payroll deducted.