

2026 Medical & Dental Plan Costs

UnitedHealthcare Signature Value Advantage Plan		
Active Employees, Scholars, Graduate Interns, LTD – <i>includes VSP Vision at no cost</i>	Per Pay Period	Per Month
Individual	\$39.39	\$85.34
Individual +1	\$80.95	\$175.40
Individual + Family	\$115.46	\$250.17
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$201.70
Individual +1	n/a	\$414.58
Individual + Family	n/a	\$591.32
UnitedHealthcare Signature Value Plan		
Active Employees – <i>includes VSP Vision at no cost</i>	Per Pay Period	Per Month
Individual	\$109.47	\$237.19
Individual +1	\$322.24	\$698.18
Individual + Family	\$459.63	\$995.87
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$388.13
Individual +1	n/a	\$1,019.57
Individual + Family	n/a	\$1,454.29
Aetna PPO Plan		
Active Employees – <i>includes VSP Vision at no cost</i>	Per Pay Period	Per Month
Individual	\$131.11	\$284.07
Individual +1	\$348.09	\$754.19
Individual + Family	\$494.69	\$1,071.84
Retirees - through age 64	Per Pay Period	Per Month
Individual	n/a	\$411.70
Individual +1	n/a	\$1,022.62
Individual + Family	n/a	\$1,319.18
MetLife Dental Plan		
Active Employees, Scholars, Graduate Interns & LTD	Per Pay Period	Per Month
Individual	\$5.89	\$12.75
Individual +1	\$18.10	\$39.22
Individual + Family	\$31.47	\$68.18
VSP Vision Plan (<i>not enrolled in a medical plan</i>)		
Active Employees, Scholars, Graduate Interns	Per Pay Period	Per Month
Individual	\$6.13	\$13.29
Individual +1	\$8.89	\$19.26
Individual + Family	\$15.82	\$34.27

In most cases, the required contributions are made through pre-tax payroll deductions. However, the portion of the premium attributed to coverage for a domestic partner is deducted on a post-tax basis for Federal taxes.