

COMPASSION HEALTH CARE, INC.

EMPLOYEE'S COST FOR GROUP INSURANCE

Rates effective March 1, 2026- February 28, 2027

Amounts below are per pay period (26 times per year)

TYPE OF COVERAGE	Health Insurance		Dental Insurance	Vision Insurance
	CIGNA Premium Plan	CIGNA HSA PLAN	Companion Life	CIGNA
EMPLOYEE	\$0.00	\$0.00	\$0.00	\$3.00
EMPLOYEE & SPOUSE	\$540.35	\$373.09	\$16.48	\$5.68
EMPLOYEE & CHILDREN	\$458.38	\$303.30	\$21.63	\$6.67
EMPLOYEE & FAMILY	\$1,132.46	\$876.18	\$38.11	\$9.38

CHC will contribute \$86.04 per payperiod to the Health Savings Account when Employee only coverage for the HSA plan is selected.

You do NOT have to choose the same type of coverage for health and dental.

Enrollment in the Vision plan is voluntary and premiums are paid by the employee.

Group sponsored LTD (long term disability) and life insurance for the employee, spouse and dependent children are provided at no cost to eligible employees.

Voluntary Life Insurance is also available to all eligible employees, however, the rate is based on individual criteria such as age. Please log into Employee Navigator for selection and rates.

Additional voluntary benefits such as Short Term Disability and other products are available through AFLAC.