HEARTSHARE

2026 Health Insurance Bi-Weekly Deduction Rates

Medical Bi-Weekly Employee Rates:

Coverage Level	Lucent Health Plan
Employee	$34.43
Employee + Spouse	$214.30
Employee + Child(ren)	$167.55
Employee + Family	$472.69

Dental Bi-Weekly Employee Rates:

Coverage Level	DPPO Plan
Employee	$8.80
Employee + Spouse	$18.64
Employee + Child(ren)	$20.73
Employee + Family	$30.60