UKPEAĠVIK IÑUPIAT CORPORATION

2026 Rates

Please note that rates will be offset by your health and welfare fringe benefit. Additionally, to comply with the Affordable Care Act, employees working under a Service Contract Act (SCA) who are not already enrolled on a UIC group health plan, will be enrolled automatically into employee only coverage on the High Deductible Basic Plan, effective January 1, 2026. This plan is considered affordable Minimum Essential Coverage that meets ACA minimum value standards. Because you are being offered this affordable health coverage, you and your dependents will not be eligible for a subsidy through the individual Marketplace. Please contact HR Benefits with any questions regarding this information.

CDHP + HSA	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$718.96	$331.83	$165.91
Employee & Spouse	$1,645.49	$759.46	$379.73
Employee & One Child	$1,041.14	$480.53	$240.26
Employee & Children	$1,563.77	$721.74	$360.87
Employee & Family	$2,262.62	$1,044.29	$522.14

CDHP + HRA	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$873.80	$403.29	$201.65
Employee & Spouse	$1,999.76	$922.97	$461.48
Employee & One Child	$1,265.46	$584.06	$292.03
Employee & Children	$1,900.47	$877.14	$438.57
Employee & Family	$2,749.55	$1,269.02	$634.51

High Deductible Basic	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$498.90	$230.26	$115.13
Employee & Spouse	$1,141.55	$526.87	$263.43
Employee & One Child	$722.94	$333.66	$166.83
Employee & Children	$1,084.93	$500.74	$250.37
Employee & Family	$1,569.02	$724.16	$362.08

TriCare Supplement	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$67.50	$31.15	$15.58
Employee & Spouse	$132.50	$61.15	$30.58
Employee & One Child	$132.50	$61.15	$30.58
Employee & Children	$132.50	$61.15	$30.58
Employee & Family	$178.50	$82.38	$41.19

Dental Core	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$35.62	$16.44	$8.22
Employee & Spouse	$71.23	$32.88	$16.44
Employee & One Child	$58.77	$27.12	$13.56
Employee & Children	$78.36	$36.17	$18.08
Employee & Family	$107.56	$49.64	$24.82

Dental Buy Up	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$44.96	$20.75	$10.38
Employee & Spouse	$89.93	$41.51	$20.75
Employee & One Child	$74.19	$34.24	$17.12
Employee & Children	$98.92	$45.66	$22.83
Employee & Family	$135.79	$62.67	$31.34

Vision	Total Monthly Premium	Your Bi-Weekly Cost	Your Weekly Cost
Employee Only	$10.52	$4.86	$2.43
Employee & Spouse	$24.06	$11.10	$5.55
Employee & One Child	$15.25	$7.04	$3.52
Employee & Children	$22.88	$10.56	$5.28
Employee & Family	$33.08	$15.27	$7.63

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