DSV Employees Premium Contributions Rate Sheet
May 1, 2026 to April 30, 2027

Aetna Medical Plans				
20/50 750 Copay Plan	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee	$187.57	$93.79	$86.57	$43.29
Employee + Spouse	$787.75	$393.88	$363.58	$181.79
Employee + Child(ren)	$520.37	$260.19	$240.17	$120.09
Employee + Family	$1,146.43	$573.22	$529.12	$264.56
1500 90/70 HRA Plan	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee	$250.16	$125.08	$115.46	$57.73
Employee + Spouse	$873.72	$436.86	$403.26	$201.63
Employee + Child(ren)	$666.28	$333.14	$307.51	$153.76
Employee + Family	$1,220.34	$610.17	$563.23	$281.62
30/50 2000 Copay Plan	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee	$131.75	$65.88	$60.81	$30.40
Employee + Spouse	$631.96	$315.98	$291.67	$145.84
Employee + Child(ren)	$421.86	$210.93	$194.70	$97.35
Employee + Family	$935.30	$467.65	$431.68	$215.84
HSA HDHP Plan	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee	$144.44	$72.22	$66.66	$33.33
Employee + Spouse	$554.25	$277.13	$255.81	$127.90
Employee + Child(ren)	$411.29	$205.65	$189.83	$94.91
Employee + Family	$796.38	$398.19	$367.56	$183.78
3000 80/60 HRA Plan	Monthly	Semi-Monthly	Bi-Weekly	Weekly
Employee	$34.38	$17.19	$15.87	$7.93
Employee + Spouse	$285.29	$142.65	$131.67	$65.84
Employee + Child(ren)	$189.44	$94.72	$87.43	$43.72
Employee + Family	$447.59	$223.80	$206.58	$103.29

Detla Dental of NJ Plans				
Core Plan	Monthly	Semi-Monthly	Bi-weekly	Weekly
Employee	$7.99	$4.00	$3.69	$1.84
Employee + 1	$15.60	$7.80	$7.20	$3.60
Employee + Family	$26.54	$13.27	$12.25	$6.12
Buy-Up Plan 1	Monthly	Semi-Monthly	Bi-weekly	Weekly
Employee	$15.22	$7.61	$7.02	$3.51
Employee + 1	$29.71	$14.86	$13.71	$6.86
Employee + Family	$50.72	$25.36	$23.41	$11.70
Buy-Up Plan 2	Monthly	Semi-Monthly	Bi-weekly	Weekly
Employee	$26.84	$13.42	$12.39	$6.19
Employee + 1	$52.35	$26.18	$24.16	$12.08
Employee + Family	$89.36	$44.68	$41.24	$20.62
Kaiser Medical Plans				
Kaiser Permanente	**For employees who live in California Only**			
HMO	Monthly	Semi-Monthly	Bi-weekly	Weekly
Employee	$165.97	$82.99	$76.60	$38.30
Employee + Spouse	$549.49	$274.75	$253.61	$126.81
Employee + Child(ren)	$410.12	$205.06	$189.29	$94.64
Employee + Family	$787.76	$393.88	$363.58	$181.79
EyeMed Vision Plan				
	Monthly	Semi-Monthly	Bi-weekly	Weekly
Employee	$6.93	$3.47	$3.20	$1.60
Employee + One	$12.50	$6.25	$5.77	$2.88
Employee + Family	$17.01	$8.51	$7.85	$3.93