

**2025-2026 Weekly Rates**  
New York & Rhode Island GBTS Employees

	Consumer Driven HSA	Consumer Driven HSA Local Plus
Associate Only	\$ 40.13	\$ 28.06
Associate + Spouse	\$ 81.78	\$ 57.18
Associate + Child(ren)	\$ 79.12	\$ 55.54
Associate + Family	\$ 121.48	\$ 86.58

	Value HSA	Value HSA Local Plus
Associate Only	\$ 22.29	\$ 14.70
Associate + Spouse	\$ 52.04	\$ 35.40
Associate + Child(ren)	\$ 50.37	\$ 34.03
Associate + Family	\$ 77.05	\$ 53.09

	OAP Copay Plan	OAP Copay Plan Local Plus
Associate Only	\$ 78.07	\$ 61.46
Associate + Spouse	\$ 156.14	\$ 125.24
Associate + Child(ren)	\$ 150.67	\$ 120.88
Associate + Family	\$ 237.00	\$ 178.33

CIGNA Dental DPPO - High	
Associate Only	\$ 5.73
Associate + Spouse	\$ 10.38
Associate + Child(ren)	\$ 14.51
Associate + Family	\$ 19.69

CIGNA Dental DHMO	
Associate Only	\$ 3.30
Associate + Spouse	\$ 6.38
Associate + Child(ren)	\$ 8.82
Associate + Family	\$ 11.36

EyeMed Vision	
Associate Only	\$ 1.51
Associate + Spouse	\$ 2.86
Associate + Child(ren)	\$ 2.88
Associate + Family	\$ 4.56