

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

Delta 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