IPFF Health and Wellness Trust

2026 IPFF Rate Sheet

UHC MEDICAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Lowest Deductible	$98.69	$188.27	$146.62	$242.99
Medium Deductible	$73.79	$128.87	$103.26	$162.49
Highest Deductible	$40.49	$49.47	$45.29	$54.93

METLIFE DENTAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Low Plan	$10.93	$21.71	$29.38	$45.15
High Plan	$18.94	$40.31	$45.15	$71.73

METLIFE VSP VISION PLAN				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Vision Plan	$3.70	$7.42	$6.28	$10.35

Rates above are based on 24 pay periods per year (2 pay periods per month)

THE STANDARD VOLUNTARY LIFE (MONTHLY RATES PER $1,000 OF BENEFIT)										
<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	Child
$0.058	$0.083	$0.099	$0.132	$0.223	$0.363	$0.600	$0.795	$1.329	$2.054	$1.500

THE STANDARD VOLUNTARY LONG TERM DISABILITY (MONTHLY RATES PER $100 OF BENEFIT)										
Plan	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
Plan 1	$0.350	$0.530	$0.630	$1.330	$1.940	$2.600	$3.190	$3.580	$3.810	$3.810
Plan 2	$0.310	$0.480	$0.480	$1.000	$1.440	$2.030	$2.320	$2.550	$2.850	$2.850