IPFF Health and Wellness Trust

2026 IPFF Rate Sheet

Retirees

UHC MEDICAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Lowest Deductible	$448.51	$1057.66	$774.43	$1429.73
Medium Deductible	$423.11	$997.07	$730.20	$1347.63
Highest Deductible	$389.15	$916.08	$671.07	$1237.92

METLIFE DENTAL PLANS				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Low Plan	$21.86	$43.41	$58.75	$90.30
High Plan	$37.87	$80.61	$90.30	$143.46

METLIFE VSP VISION PLAN				
Rates	Employee Only	Employee + Spouse	Employee + Children	Family
Vision Plan	$7.40	$14.83	$12.55	$20.70

Rates above are based on 12 pay periods per year (1 pay periods per month)