

J. J. Keller & Associates, Inc.

2026 Monthly Health and Dental Insurance Premiums Full-Time

Health Plan														
Standard Plan					Higher Deductible Plan									
Single \$760.21	Associate Premium Portion								Single \$689.71	Associate Premium Portion				
	Health Assessment Participation									Health Assessment Participation				
	Base	Level 1	Level 2	Level 3						Base	Level 1	Level 2	Level 3	
	\$376.30	\$326.30	\$276.30	\$209.64					\$279.33	\$229.33	\$179.33	\$112.67		
Associate + Child(ren) \$1,316.86	Associate Premium Portion								Associate & Child(ren) \$1,204.27	Associate Premium Portion				
	Health Assessment Participation									Health Assessment Participation				
	Base	Level 1	Level 2	Level 3						Base	Level 1	Level 2	Level 3	
	\$651.85	\$601.85	\$551.85	\$485.18					\$487.73	\$437.73	\$387.73	\$321.06		
Family \$2,030.19	Associate								Family \$1,833.18	Associate				
	Health Assessment Participation									Health Assessment Participation				
	Base	Level 1	Level 2	Level 3						Base	Level1	Level2	Level3	
Spouse	Base	\$1,004.94	\$954.94	\$904.94	\$838.28					Base	\$742.44	\$692.44	\$642.44	\$575.77
	Level 1	\$954.94	\$904.94	\$854.94	\$788.28					Level 1	\$692.44	\$642.44	\$592.44	\$525.77
	Level 2	\$904.94	\$854.94	\$804.94	\$738.28					Level 2	\$642.44	\$592.44	\$542.44	\$475.77
	Level 3	\$838.28	\$788.28	\$738.28	\$671.61					Level 3	\$575.77	\$525.77	\$475.77	\$409.10

To determine monthly family premium, follow Associate level column and Spouse level row until they intersect. That is the monthly premium for family coverage.

Dental Plan	
Monthly Premium	Associate Portion
Single \$50.71	\$15.72
Family \$118.66	\$36.78

Voluntary Accident Plan	
Coverage	Associate Monthly Premium
Single	\$7.70
Associate + Child(ren)	\$15.39
Associate + Spouse	\$13.46
Family	\$21.15

J. J. Keller & Associates, Inc.

2026 Monthly Health and Dental Insurance Premiums Part-Time

Health Plan										
Standard Plan					Higher Deductible Plan					
Single \$760.21	Associate Premium Portion				Single \$689.71	Associate Premium Portion				
	Base	Health Assessment Participation				Base	Health Assessment Participation			
		Level 1	Level 2	Level 3			Level 1	Level 2	Level 3	
\$481.12	\$431.12	\$381.12	\$314.46	\$335.67	\$285.67	\$235.67	\$169.00			
Associate +Child(ren) \$1,316.86	Associate Premium Portion				Associate & Child(ren) \$1,204.27	Associate Premium Portion				
	Base	Health Assessment Participation				Base	Health Assessment Participation			
		Level 1	Level 2	Level 3			Level 1	Level 2	Level 3	
\$894.44	\$844.44	\$794.44	\$727.77	\$648.26	\$598.26	\$548.26	\$481.59			
Family \$2,030.19	Associate				Family \$1,833.18	Associate				
	Base	Health Assessment Participation				Base	Health Assessment Participation			
		Level 1	Level 2	Level 3			Level 1	Level 2	Level 3	
\$1,340.75	\$1,290.75	\$1,240.75	\$1,174.08	\$946.99	\$896.99	\$846.99	\$780.32			
Spouse	Level 1	\$1,290.75	\$1,240.75	\$1,190.75	\$1,124.08	Level 1	\$896.99	\$846.99	\$796.99	\$730.32
	Level 2	\$1,240.75	\$1,190.75	\$1,140.75	\$1,074.08	Level 2	\$846.99	\$796.99	\$746.99	\$680.32
	Level 3	\$1,174.08	\$1,124.08	\$1,074.08	\$1,007.42	Level 3	\$780.32	\$730.32	\$680.32	\$613.66

To determine monthly family premium, follow Associate level column and Spouse level row until they intersect. That is the monthly premium for family coverage.

Dental Plan	
Monthly Premium	Associate Portion
Single \$50.71	\$23.58
Family \$118.66	\$55.18

Voluntary Accident Plan	
Coverage	Associate Monthly Premium
Single	\$7.70
Associate + Child(ren)	\$15.39
Associate + Spouse	\$13.46
Family	\$21.15