

Benefits

2026 Health & Welfare Rate Sheet

Employee Contributions per Semi-Monthly Pay Period

Rates are subject to change

Medical, Dental and Vision

COVERAGE TIER	EPO*	CDHP BASIC*	CDHP SELECT*	CDHP PREMIER*	DENTAL PLAN	VISION PLAN
EE Only	\$31.00	\$ 34.50	\$ 61.00	\$ 106.00	\$ 3.50	\$ 3.50
EE + Spouse/DP	\$71.00	\$ 79.00	\$ 137.00	\$ 238.50	\$ 9.50	\$ 6.50
EE + Child	\$46.50	\$ 52.00	\$ 91.00	\$ 159.50	\$ 7.00	\$ 7.00
EE + Children (2+)	\$64.00	\$ 71.00	\$ 124.00	\$ 217.00	\$ 9.00	\$ 7.00
EE + Spouse/DP + Children (1 or 2)	\$98.00	\$ 109.00	\$ 188.50	\$ 330.00	\$ 13.50	\$ 11.50
EE + Spouse/DP + Children (3+)	\$128.00	\$ 142.50	\$ 244.50	\$ 428.00	\$ 18.00	\$ 11.50

*Includes coverage for Prescription Drugs.

Critical Illness Insurance – Please refer to plan and rate sheets located on Benefits Source at <http://www.benefitssource.com/YourBenefits/HealthandWellness/CriticalIllness.aspx>

Accident & Hospital Confinement Indemnity Insurance

(If you are enrolled in a Canon Medical Systems medical plan, these benefits are company paid for employee coverage)

COVERAGE TIER	ACCIDENT INSURANCE		HOSPITAL CONFINEMENT INDEMNITY INSURANCE	
	Enrolled in CMSU Medical Plan	Not Enrolled in CMSU Medical Plan	Enrolled in CMSU Medical Plan	Not Enrolled in CMSU Medical Plan
EE Only	\$ 0	\$ 5.73	\$ 0	\$ 10.82
EE + Spouse/DP	\$ 5.09	\$ 10.82	\$ 13.91	\$ 24.73
EE + Children	\$ 7.09	\$ 12.82	\$ 6.68	\$ 17.50
EE + Spouse/DP + Children	\$ 12.18	\$ 17.91	\$ 20.59	\$ 31.41

California & Non-California Employees

Short Term Disability/Family Temporary Disability Insurance Plan Rates

STD Plan: Effective January 1, 2026, the contribution rate will be 1.3%* of gross semi-monthly earnings, less Section 125 deductions. The annual maximum contribution is \$1,991.13.

*Percentage is subject to change based on published CA SDI contribution rate and taxable wage ceiling.

Legal Insurance

COVERAGE TIER	SEMI-MONTHLY DEDUCTION
EE Only:	\$9.12
EE + Dependent(s):	\$9.12

Identity Protection Insurance

COVERAGE TIER	SEMI-MONTHLY DEDUCTION
EE Only:	\$4.98
EE + Dependent(s):	\$8.98

Critical Illness Insurance

NON-TOBACCO USER					TOBACCO USER				
Attained Age	\$5,000	\$10,000	\$20,000	\$30,000	Attained Age	\$5,000	\$10,000	\$20,000	\$30,000
Under 30	\$0.75	\$1.50	\$3.00	\$4.50	Under 30	\$0.85	\$1.70	\$3.40	\$5.10
30-39	\$1.13	\$2.25	\$4.50	\$6.75	30-39	\$1.78	\$3.55	\$7.10	\$10.65
40-49	\$2.98	\$5.95	\$11.90	\$17.85	40-49	\$4.98	\$9.95	\$19.90	\$29.85
50-59	\$5.35	\$10.70	\$21.40	\$32.10	50-59	\$9.93	\$19.85	\$39.70	\$59.55
60-64	\$7.33	\$14.65	\$29.30	\$43.95	60-64	\$13.48	\$26.95	\$53.90	\$80.85
65-69	\$8.93	\$17.85	\$35.70	\$53.55	65-69	\$16.33	\$32.65	\$65.30	\$97.95
70+	\$10.73	\$21.45	\$42.90	\$64.35	70+	\$22.48	\$44.95	\$89.90	\$134.85

Dependent Life Insurance

(Employee must be covered by Supplemental Life Insurance to elect this coverage)

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$75,000	\$100,000
Spouse/Domestic Partner:	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$4.88	\$6.50

Child coverage is included: Children from birth to 19 years old (up to 25 if a full-time student) will be \$5,000.

If you do not have a spouse or domestic partner, you may elect a \$5,000 child only benefit for \$0.33 per pay period (one cost regardless of the number of covered children).

Optional AD&D Insurance

	\$25,000	\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000	\$225,000	\$250,000
Employee Only	\$0.25	\$0.50	\$0.75	\$1.00	\$1.25	\$1.50	\$1.75	\$2.00	\$2.25	\$2.50
Employee & Family	\$0.38	\$0.75	\$1.13	\$1.50	\$1.88	\$2.25	\$2.63	\$3.00	\$3.38	\$3.75

Formula to Calculate Supplemental Life Insurance Cost

- Step 1** **For non-field sales personnel**, enter your annual salary in box A.
For Field sales personnel Enter the desired insurance increment: \$100K, \$200K, \$300K, \$400k, \$500k, or \$600K in box A.
- Step 2** **For non-field sales personnel**, choose whether you want coverage of 1, 2, 3, 4, or 5 times your annual salary. Enter the multiple you have selected (1, 2, 3, 4, or 5) in box B.
For field sales personnel, enter “1” in box B.
- Step 3** Multiply the amount in box A by the number in box B. Enter the result in box C. If the result is not an even multiple of \$1,000, round the amount to the next higher \$1,000. (For example, if the result is \$60,250 enter \$61,000).
- Step 4** Divide the amount in box C by \$1,000. (You do this because the rates are based on each \$1,000 of coverage.) Enter the result in box D.
- Step 5** Go to the rate table below and find your age and corresponding rate. Enter the monthly rate in box E.
- Step 6** Multiply the amount in box D by the rate in box E. Enter the result in box F. Box F is the monthly cost of the coverage to you.
- Step 7** Divide the result in box F by 2. Box G is the **Semi-Monthly** cost of the coverage to you.

Employee Supplemental Life & Supplemental AD&D Rates (Monthly Rates Per 1,000 of Coverage)	
AGE	RATE
Under age 25	0.066
25-29	0.069
30-34	0.078
35-39	0.088
40-44	0.097
45-49	0.146
50-54	0.223
55-59	0.368
60-64	0.552
65-69	1.035
70 +	1.662

	A
X	
	B
=	
	C
Divide by 1,000	
	D
X	
	E
=	
	F
Divide by 2	
	G
	(semi-monthly per pay period cost)