ImmunityBio
2026 Plan Year Rates
Effective January 1, 2026

			Bi-Weekly Premium		Weekly Premium	
Coverage	**Plan**	**Tier**	**Employee**	**Employer**	**Employee**	**Employer**
Medical	Blue Shield HMO	Employee Only	$79.40	$344.06	$39.70	$172.03
	Blue Shield HMO	Employee + Spouse	$174.68	$756.93	$87.34	$378.47
	Blue Shield HMO	Employee + Child(ren)	$142.92	$619.32	$71.46	$309.66
	Blue Shield HMO	Employee + Family	$246.13	$1,066.58	$123.07	$533.29
	Blue Shield PPO	Employee Only	$96.85	$419.71	$48.43	$209.86
	Blue Shield PPO	Employee + Spouse	$212.90	$922.57	$106.45	$461.28
	Blue Shield PPO	Employee + Child(ren)	$174.19	$754.83	$87.10	$377.41
	Blue Shield PPO	Employee + Family	$300.00	$1,299.99	$150.00	$650.00
Dental	Delta Dental DHMO	Employee Only	$1.45	$6.30	$0.73	$3.15
	Delta Dental DHMO	Employee + Spouse	$2.83	$12.28	$1.42	$6.14
	Delta Dental DHMO	Employee + Child(ren)	$3.06	$13.29	$1.53	$6.64
	Delta Dental DHMO	Employee + Family	$4.43	$19.21	$2.22	$9.60
	Delta Dental DPPO Low	Employee Only	$4.60	$19.94	$2.30	$9.97
	Delta Dental DPPO Low	Employee + Spouse	$9.40	$40.73	$4.70	$20.37
	Delta Dental DPPO Low	Employee + Child(ren)	$11.13	$48.23	$5.56	$24.11
	Delta Dental DPPO Low	Employee + Family	$17.11	$74.17	$8.56	$37.09
	Delta Dental DPPO High	Employee Only	$4.75	$20.59	$2.37	$10.30
	Delta Dental DPPO High	Employee + Spouse	$9.67	$41.91	$4.83	$20.95
	Delta Dental DPPO High	Employee + Child(ren)	$11.30	$48.96	$5.65	$24.48
	Delta Dental DPPO High	Employee + Family	$17.43	$75.51	$8.71	$37.76
Vision	EyeMed Base Plan	Employee Only	$2.55	$0.00	$1.28	$0.00
	EyeMed Base Plan	Employee + Spouse	$4.85	$0.00	$2.43	$0.00
	EyeMed Base Plan	Employee + Child(ren)	$5.10	$0.00	$2.55	$0.00
	EyeMed Base Plan	Employee + Family	$7.50	$0.00	$3.75	$0.00
	EyeMed Buy Up Plan	Employee Only	$4.75	$0.00	$2.38	$0.00
	EyeMed Buy Up Plan	Employee + Spouse	$9.03	$0.00	$4.51	$0.00
	EyeMed Buy Up Plan	Employee + Child(ren)	$9.50	$0.00	$4.75	$0.00
	EyeMed Buy Up Plan	Employee + Family	$13.97	$0.00	$6.99	$0.00
Voluntary Legal Plan	MetLife | MetLaw Legal Plan	All Tiers	$7.73	$0.00	$3.87	$0.00
Voluntary Identity Theft	Norton Lifelock Benefit Essential	Employee Only	$3.92	$0.00	$1.96	$0.00
	Norton Lifelock Benefit Essential	Employee + Spouse	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Essential	Employee + Child(ren)	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Essential	Employee + Family	$7.84	$0.00	$3.92	$0.00
	Norton Lifelock Benefit Premier	Employee Only	$11.76	$0.00	$5.88	$0.00
	Norton Lifelock Benefit Premier	Employee + Spouse	$23.53	$0.00	$11.77	$0.00
	Norton Lifelock Benefit Premier	Employee + Child(ren)	$23.53	$0.00	$11.77	$0.00
	Norton Lifelock Benefit Premier	Employee + Family	$23.53	$0.00	$11.77	$0.00

The following benefits are provided by Unum. The cost will be visible to you during your enrollment.

1. Employee-Paid Voluntary Disability Benefits (STD Buy Up and LTD Buy Up) are calculated based on your wages
2. Employee-Paid Voluntary Accident Insurance Low and High Plan range from $1.61 to $7.30 per pay depending on plan and tier
3. Employee-Paid Voluntary Life and AD&D Insurance are calculated using your wages and age
4. Employee-Paid Voluntary Critical Illness Insurance is calculated using your wages, age, and tobacco use