

**ImmunityBio**  
**2026 Plan Year Rates**  
**Effective January 1, 2026**

Coverage	Plan	Tier	Bi-Weekly Premium		Weekly Premium	
			Employee	Employer	Employee	Employer
Medical	Blue Shield HMO	Employee Only	\$79.40	\$317.59	\$39.70	\$158.80
	Blue Shield HMO	Employee + Spouse	\$174.68	\$698.70	\$87.34	\$349.35
	Blue Shield HMO	Employee + Child(ren)	\$142.92	\$571.68	\$71.46	\$285.84
	Blue Shield HMO	Employee + Family	\$246.13	\$984.54	\$123.07	\$492.27
	Blue Shield PPO	Employee Only	\$96.85	\$387.42	\$48.43	\$193.71
	Blue Shield PPO	Employee + Spouse	\$212.90	\$851.60	\$106.45	\$425.80
	Blue Shield PPO	Employee + Child(ren)	\$174.19	\$696.76	\$87.10	\$348.38
	Blue Shield PPO	Employee + Family	\$300.00	\$1,199.99	\$150.00	\$600.00
Dental	Delta Dental DHMO	Employee Only	\$1.45	\$5.82	\$0.73	\$2.91
	Delta Dental DHMO	Employee + Spouse	\$2.83	\$11.34	\$1.42	\$5.67
	Delta Dental DHMO	Employee + Child(ren)	\$3.06	\$12.26	\$1.53	\$6.13
	Delta Dental DHMO	Employee + Family	\$4.43	\$17.73	\$2.22	\$8.86
	Delta Dental DPPO Low	Employee Only	\$4.60	\$18.41	\$2.30	\$9.20
	Delta Dental DPPO Low	Employee + Spouse	\$9.40	\$37.60	\$4.70	\$18.80
	Delta Dental DPPO Low	Employee + Child(ren)	\$11.13	\$44.52	\$5.56	\$22.26
	Delta Dental DPPO Low	Employee + Family	\$17.11	\$68.46	\$8.56	\$34.23
	Delta Dental DPPO High	Employee Only	\$4.75	\$19.01	\$2.37	\$9.50
	Delta Dental DPPO High	Employee + Spouse	\$9.67	\$38.68	\$4.83	\$19.34
	Delta Dental DPPO High	Employee + Child(ren)	\$11.30	\$45.19	\$5.65	\$22.59
	Delta Dental DPPO High	Employee + Family	\$17.43	\$69.70	\$8.71	\$34.85
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