

Benefits Decisions

2026 Rates - Business Professionals/Lawyer Equivalents

ANTHEM BLUE CROSS – MEDICAL PLANS — Biweekly Cost

Base Salary: < \$100,000*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$136.90	\$77.22	\$69.70
Individual + Spouse	\$323.20	\$190.84	\$176.09
Individual + Child(ren)	\$250.59	\$145.14	\$133.33
Family	\$446.36	\$259.68	\$238.80

Base Salary: \$100,000-\$199,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$147.83	\$83.39	\$75.26
Individual + Spouse	\$348.99	\$206.07	\$190.14
Individual + Child(ren)	\$270.59	\$156.72	\$143.97
Family	\$481.99	\$280.40	\$257.86

Base Salary: \$200,000-\$349,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$157.75	\$88.98	\$80.31
Individual + Spouse	\$372.42	\$219.90	\$202.91
Individual + Child(ren)	\$288.75	\$167.25	\$153.64
Family	\$514.34	\$299.22	\$275.16

Base Salary: \$350,000+*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$170.95	\$96.42	\$87.03
Individual + Spouse	\$403.57	\$238.30	\$219.88
Individual + Child(ren)	\$312.90	\$181.24	\$166.49
Family	\$557.37	\$324.25	\$298.19

*Base salary as of 10/1/25 or hire date if later.

DELTA DENTAL – DENTAL & VSP – VISION PLANS — Biweekly Cost

Business Professionals

	Dental Traditional	Dental Premier	Vision Traditional	Vision Premier
Individual	\$8.35	\$17.78	\$1.79	\$7.20
Individual + Spouse	\$16.71	\$35.54	\$3.75	\$15.12
Individual + Child(ren)	\$16.71	\$35.54	\$3.04	\$12.25
Family	\$24.23	\$51.55	\$5.35	\$21.58



Benefits Decisions

2026 Rates - Non-Partner Lawyers

ANTHEM BLUE CROSS – MEDICAL PLANS — Biweekly Cost

Base Salary: < \$100,000*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$191.50	\$130.38	\$114.11
Individual + Spouse	\$434.91	\$300.56	\$270.03
Individual + Child(ren)	\$341.92	\$234.24	\$209.19
Family	\$607.22	\$416.79	\$372.72

Base Salary: \$100,000-\$199,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$205.27	\$139.76	\$122.31
Individual + Spouse	\$466.19	\$322.17	\$289.45
Individual + Child(ren)	\$366.50	\$251.09	\$224.23
Family	\$650.88	\$446.76	\$399.52

Base Salary: \$200,000-\$349,999*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$217.51	\$148.09	\$129.61
Individual + Spouse	\$493.99	\$341.39	\$306.71
Individual + Child(ren)	\$388.37	\$266.06	\$237.61
Family	\$689.71	\$473.41	\$423.35

Base Salary: \$350,000+*

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$230.24	\$156.75	\$137.19
Individual + Spouse	\$522.89	\$361.36	\$324.65
Individual + Child(ren)	\$411.08	\$281.63	\$251.50
Family	\$730.05	\$501.10	\$448.11

*Base salary as of 10/1/24 or hire date if later.

DELTA DENTAL – DENTAL & VSP – VISION PLANS — Biweekly Cost

Non-Partner Lawyer

	Dental Traditional	Dental Premier	Vision Traditional	Vision Premier
Individual	\$8.35	\$17.78	\$1.79	\$7.20
Individual + Spouse	\$16.71	\$35.54	\$3.75	\$15.12
Individual + Child(ren)	\$16.71	\$35.54	\$3.04	\$12.25
Family	\$24.23	\$51.55	\$5.35	\$21.58



Benefits Decisions

2026 Rates - Partners

ANTHEM BLUE CROSS – MEDICAL PLANS

Partners – Monthly Cost

	PPO	HSPO	Plus Point Bronze PPO
Individual	\$1,089.18	\$956.66	\$762.31
Individual + Spouse	\$2,287.30	\$2,008.96	\$1,600.85
Individual + Child(ren)	\$1,851.60	\$1,626.33	\$1,295.93
Family	\$3,267.38	\$2,869.79	\$2,286.78

DELTA DENTAL – DENTAL PLANS

Partners – Monthly Cost

	Dental Traditional	Dental Premier
Individual	\$43.43	\$73.94
Individual + Spouse	\$86.84	\$147.89
Individual + Child(ren)	\$86.84	\$147.89
Family	\$125.96	\$213.49

VSP – VISION PLANS

Partners – Monthly Cost

	Vision Traditional	Vision Premier
Individual	\$7.73	\$19.45
Individual + Spouse	\$16.24	\$40.87
Individual + Child(ren)	\$13.16	\$33.12
Family	\$23.19	\$58.36