

McDonald County Ancillary Benefits

2026 Employee Benefits Renewal

Plan Year Dates: 1/1/26 - 12/31/26

Instructions & Notes:

- 1) All eligible employees required to complete and sign - even if waiving coverage.
- 2) Check only one plan option per insurance type.
- 3) Sign and return by the open enrollment end date.

The employee premium rates shown below are:

Monthly

Dental Insurance - Delta Dental

	Tier	Employee Premium
	Employee Only	\$27.94
	Employee/Spouse	\$57.17
	Employee/Child(ren)	\$67.17
	Employee/Family	\$104.26
	<u>Waive</u>	

Vision Insurance - NEW **- The Standard VSP Choice

	Tier	Employee Premium
	Employee Only	\$9.34
	Employee/Spouse	\$18.71
	Employee/Child(ren)	\$15.84
	Employee/Family	\$26.12
	<u>Waive</u>	

Vision Insurance - Vision Service Plan Premium coverage

specialty lenses

Buy Up Plan

	Tier	Employee Premium
	Employee Only	\$17.09
	Employee/Spouse	\$27.35
	Employee/Child(ren)	\$27.92
	Employee/Family	\$45.01
	<u>Waive</u>	

Voluntary Life - *Changed Carriers-- The Standard

	Tier	Employee Premium	Short Term Disability
			60% Benefit
	Enroll- See Sheets		
	KEEP COVERAGE		Enroll
	<u>Waive OR DROP EXISTING COVERAGE</u>		Waive

Employee Signature

Date

Employee Name (print)