

2025-2026 Health Benefit Rates

Monthly benefit rate contributions: Determined by base salary compensation tier level and health coverage election. Benefit premium rate contributions are deducted from payroll earnings on a semi-monthly basis, or for Equity Partners, from your monthly draw statement.

Firm Subsidy: The Firm subsidizes a portion of the benefit rate premiums, for both employee and dependent coverage, determined by base salary compensation tier.

Base Salary Tier - Monthly Premium Contributions

Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
EE Only	\$118	\$184	\$120	\$120	\$142
EE + Spouse	\$325	\$507	\$243	\$252	\$354
EE + Child(ren)	\$266	\$414	\$225	\$240	\$354
EE + Family	\$435	\$678	\$297	\$359	\$354
Tier 2: \$92,700 to \$128,750					
EE Only	\$177	\$307	\$159	\$160	\$188
EE + Spouse	\$454	\$675	\$324	\$335	\$473
EE + Child(ren)	\$372	\$553	\$302	\$320	\$473
EE + Family	\$609	\$905	\$395	\$479	\$473
Tier 3: Above \$128,750 to Below \$180,000					
EE Only	\$236	\$460	\$238	\$240	\$283
EE + Spouse	\$584	\$1,012	\$486	\$503	\$708
EE + Child(ren)	\$478	\$828	\$451	\$479	\$708
EE + Family	\$783	\$1,358	\$594	\$719	\$708
Tier 4: \$180,000 to Below \$220,000					
EE Only	\$266	\$460	\$238	\$240	\$283
EE + Spouse	\$584	\$1,518	\$649	\$671	\$945
EE + Child(ren)	\$478	\$1,242	\$602	\$639	\$945
EE + Family	\$783	\$2,036	\$792	\$959	\$945
Tier 5: \$220,000 and Above					
EE Only	\$266	\$613	\$358	\$359	\$425
EE + Spouse	\$584	\$1,518	\$731	\$755	\$1,062
EE + Child(ren)	\$478	\$1,242	\$676	\$719	\$1,062
EE + Family	\$783	\$2,036	\$891	\$1,078	\$1,062
Equity Partners					
EE Only	\$849	\$1,894	\$947	\$797	\$1,091
EE + Spouse	\$1,868	\$4,209	\$1,932	\$1,674	\$2,563
EE + Child(ren)	\$1,528	\$3,437	\$1,790	\$1,547	\$2,563
EE + Family	\$2,505	\$5,657	\$2,358	\$2,392	\$2,563
GUARDIAN DENTAL			VSP VISION		
Coverage Level	Employees Tiers 1 - 5	Equity Partner	Employees Tiers 1 - 5	Equity Partner	
EE Only	\$0	\$51	\$0	\$8	
EE + Spouse	\$55	\$105	\$5	\$13	
EE + Child(ren)	\$67	\$117	\$5	\$13	
EE + Family	\$117	\$168	\$13	\$21	

2025-2026 Health Benefit Rates

For employees aged 65 and older, enrolling in Medicare may be a more cost-effective choice and could provide a more comprehensive health plan. Employees who choose to participate in Medicare instead of our medical plans can still cover their spouse and/or eligible dependents under our Aetna health plans. This coverage will continue until the spouse becomes eligible for Medicare (at age 65) or the dependent qualifies for other coverage. Please refer to the Aetna contribution table below for details on coverage for spouses and/or dependents.

Employees on Medicare - Spouse/Dependents Premium Contributions					
Coverage Level	Aetna HDHP National Plan	Aetna EPO National Plan	Kaiser HMO California Plan	Kaiser HMO Wash DC Plan	CDPHP HMO Albany Plan
Tier 1: Below \$92,700					
Medicare Spouse Only	\$118	\$184	n/a	n/a	n/a
Medicare Dependent Only	\$118	\$184	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$266	\$414	n/a	n/a	n/a
Tier 2: \$92,700 to \$128,750					
Medicare Spouse Only	\$177	\$307	n/a	n/a	n/a
Medicare Dependent Only	\$177	\$307	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$372	\$553	n/a	n/a	n/a
Tier 3: Above \$128,750 to Below \$180,000					
Medicare Spouse Only	\$236	\$460	n/a	n/a	n/a
Medicare Dependent Only	\$236	\$460	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$828	n/a	n/a	n/a
Tier 4: \$180,000 to Below \$220,000					
Medicare Spouse Only	\$266	\$460	n/a	n/a	n/a
Medicare Dependent Only	\$266	\$460	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,242	n/a	n/a	n/a
Tier 5: \$220,000 and Above					
Medicare Spouse Only	\$266	\$613	n/a	n/a	n/a
Medicare Dependent Only	\$266	\$613	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$478	\$1,242	n/a	n/a	n/a
Equity Partners					
Medicare Spouse Only	\$849	\$1,894	n/a	n/a	n/a
Medicare Dependent Only	\$849	\$1,894	n/a	n/a	n/a
Medicare Spouse & Child(ren)	\$1,528	\$3,437	n/a	n/a	n/a

Benefit Terms You Should Know

- Copay:** A set dollar amount that you pay for a medical service (for example, filling a prescription or a doctor's office visit).

Deductible: The amount you pay towards medical (or dental) expenses each calendar year before the plan starts paying benefits.

Emergency: An emergency is a sickness or injury severe enough that failure to receive immediate medical care could put the patient's health in serious jeopardy.

Flexible Savings Account: If you participate in any plan other than the HDHP, you can set aside a limited amount of money from each paycheck that is tax-free to pay for Medical, Dependent Care, and Commuter expenses.

Health Savings Account: If you choose the High Deductible Health Plan (HDHP) you can open a Health Savings Account (HSA). Through an HSA you can set aside tax-free money to pay for out-of-pocket health expenses now and in the future. The account is entirely owned by you and there is no limit on how much money you can accumulate in an HSA.

Limited Health Care FSA: If you participate in the HDHP, you can contribute to a Limited Health Care FSA in addition to an HSA. Money in your Limited Health Care FSA can only be used for Dental and Vision expenses. It cannot be used for Medical expenses.
- Network Provider:** A health care provider that has contracted to furnish services or supplies for a negotiated charge and is included in the plan's provider network.

Out-of-Pocket Maximum: The out-of-pocket maximum is the most you will need to pay towards your medical care in a calendar year. When your deductible, copay, prescription drug and "percentage of cost" payments reach the out-of-pocket maximum for a calendar year, the plan begins paying 100% of your covered expenses for the rest of the year.

Preventive Care: This care does not treat a particular condition, but is meant to help the patient get and stay healthy. Preventive care includes well-child check-ups, immunizations, annual exams, and many cancer screenings, such as mammograms.

Tier 1/Generic Drugs: Tier 1 drugs (also called generic drugs) typically have the same active ingredients and the same dosage levels and administrative method as name brand drugs. They cost less because the manufacturer doesn't have an investment in developing and marketing the drug.

EQUITY PARTNERS	2025-26 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$30,055		\$67,881	\$28,295	\$28,698	\$30,754
TOTAL Annual Premium & OOPM	\$36,805	\$40,055	\$74,381	\$31,295	\$32,698	\$45,454
Annual Premium Cost Difference Against HDHP			\$37,825	(\$1,760)	(\$1,357)	\$698
Annual Premium + OOPM Difference Against HDHP			\$37,575	(\$5,510)	(\$4,107)	\$8,648
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$22,414		\$50,513	\$23,182	\$20,089	\$30,754
TOTAL Annual Premium & OOPM	\$29,164	\$32,414	\$57,013	\$26,182	\$24,089	\$45,454
Annual Premium Cost Difference Against HDHP			\$28,098	\$767	(\$2,326)	\$8,339
Annual Premium + OOPM Difference Against HDHP			\$27,848	(\$2,983)	(\$5,076)	\$16,289
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$18,339		\$41,246	\$21,477	\$18,558	\$30,754
TOTAL Annual Premium & OOPM	\$25,089	\$28,339	\$47,746	\$24,477	\$22,558	\$45,454
Annual Premium Cost Difference Against HDHP			\$22,907	\$3,138	\$219	\$12,415
Annual Premium + OOPM Difference Against HDHP			\$22,657	(\$612)	(\$2,531)	\$20,365
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$10,188		\$22,724	\$11,364	\$9,566	\$13,087
TOTAL Annual Premium & OOPM	\$14,688	\$15,188	\$25,974	\$12,864	\$11,566	\$20,437
Annual Premium Cost Difference Against HDHP			\$12,536	\$1,175	(\$622)	\$2,898
Annual Premium + OOPM Difference Against HDHP			\$11,286	(\$1,825)	(\$3,122)	\$5,748

TIER 5 Base Salary \$220,000 & Above	2024-25 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$24,430	\$10,697	\$12,940	\$12,747
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$30,930	\$13,697	\$16,940	\$27,447
Annual Premium Cost Difference Against HDHP			\$15,029	\$1,297	\$3,540	\$3,346
Annual Premium + OOPM Difference Against HDHP			\$14,779	(\$2,453)	\$790	\$11,296
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,010		\$18,222	\$8,767	\$9,058	\$12,747
TOTAL Annual Premium & OOPM	\$13,760	\$17,010	\$24,722	\$11,767	\$13,058	\$27,447
Annual Premium Cost Difference Against HDHP			\$11,211	\$1,756	\$2,047	\$5,736
Annual Premium + OOPM Difference Against HDHP			\$10,961	(\$1,994)	(\$703)	\$13,686
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$14,904	\$8,114	\$8,627	\$12,747
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$21,404	\$11,114	\$12,627	\$27,447
Annual Premium Cost Difference Against HDHP			\$9,168	\$2,378	\$2,891	\$7,011
Annual Premium + OOPM Difference Against HDHP			\$8,918	(\$1,372)	\$141	\$14,961
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$3,187		\$7,361	\$4,296	\$4,313	\$5,099
TOTAL Annual Premium & OOPM	\$7,687	\$8,187	\$10,611	\$5,796	\$6,313	\$12,449
Annual Premium Cost Difference Against HDHP			\$4,175	\$1,110	\$1,127	\$1,912
Annual Premium + OOPM Difference Against HDHP			\$2,925	(\$1,890)	(\$1,373)	\$4,762

Tier 4 Base Salary \$180,000 to Below \$220,000	2024-25 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$24,430	\$9,507	\$11,502	\$11,335
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$30,930	\$12,507	\$15,502	\$26,035
Annual Premium Cost Difference Against HDHP			\$15,029	\$107	\$2,102	\$1,935
Annual Premium + OOPM Difference Against HDHP			\$14,779	(\$3,643)	(\$648)	\$9,885
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,010		\$18,222	\$7,783	\$8,049	\$11,335
TOTAL Annual Premium & OOPM	\$13,760	\$17,010	\$24,722	\$10,783	\$12,049	\$26,035
Annual Premium Cost Difference Against HDHP			\$11,211	\$773	\$1,039	\$4,325
Annual Premium + OOPM Difference Against HDHP			\$10,961	(\$2,977)	(\$1,711)	\$12,275
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$14,904	\$7,222	\$7,665	\$11,335
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$21,404	\$10,222	\$11,665	\$26,035
Annual Premium Cost Difference Against HDHP			\$9,168	\$1,486	\$1,929	\$5,599
Annual Premium + OOPM Difference Against HDHP			\$8,918	(\$2,264)	(\$821)	\$13,549
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$3,187		\$5,521	\$2,859	\$2,881	\$3,399
TOTAL Annual Premium & OOPM	\$7,687	\$8,187	\$8,771	\$4,359	\$4,881	\$10,749
Annual Premium Cost Difference Against HDHP			\$2,334	(\$327)	(\$305)	\$212
Annual Premium + OOPM Difference Against HDHP			\$1,084	(\$3,327)	(\$2,805)	\$3,062

Tier 3 Base Salary Above \$128,750 to Below \$180,000	2024-25 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$9,400		\$16,291	\$7,124	\$8,633	\$8,496
TOTAL Annual Premium & OOPM	\$16,150	\$19,400	\$22,791	\$10,124	\$12,633	\$23,196
Annual Premium Cost Difference Against HDHP			\$6,890	(\$2,276)	(\$768)	(\$904)
Annual Premium + OOPM Difference Against HDHP			\$6,640	(\$6,026)	(\$3,518)	\$7,046
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$7,011		\$12,144	\$5,834	\$6,037	\$8,496
TOTAL Annual Premium & OOPM	\$13,761	\$17,011	\$18,644	\$8,834	\$10,037	\$23,196
Annual Premium Cost Difference Against HDHP			\$5,133	(\$1,177)	(\$974)	\$1,485
Annual Premium + OOPM Difference Against HDHP			\$4,883	(\$4,927)	(\$3,724)	\$9,435
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$5,736		\$9,940	\$5,413	\$5,751	\$8,496
TOTAL Annual Premium & OOPM	\$12,486	\$15,736	\$16,440	\$8,413	\$9,751	\$23,196
Annual Premium Cost Difference Against HDHP			\$4,204	(\$323)	\$15	\$2,760
Annual Premium + OOPM Difference Against HDHP			\$3,954	(\$4,073)	(\$2,735)	\$10,710
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$2,833		\$5,521	\$2,859	\$2,881	\$3,399
TOTAL Annual Premium & OOPM	\$7,333	\$7,833	\$8,771	\$4,359	\$4,881	\$10,749
Annual Premium Cost Difference Against HDHP			\$2,688	\$27	\$49	\$567
Annual Premium + OOPM Difference Against HDHP			\$1,438	(\$2,973)	(\$2,451)	\$3,417

Tier 2 Base Salary \$92,700 - \$128,750	2024-25 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$7,311		\$10,860	\$4,740	\$5,751	\$5,674
TOTAL Annual Premium & OOPM	\$14,061	\$17,311	\$17,360	\$7,740	\$9,751	\$20,374
Annual Premium Cost Difference Against HDHP			\$3,549	(\$2,571)	(\$1,560)	(\$1,638)
Annual Premium + OOPM Difference Against HDHP			\$3,299	(\$6,321)	(\$4,310)	\$6,312
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$5,453		\$8,100	\$3,885	\$4,025	\$5,674
TOTAL Annual Premium & OOPM	\$12,203	\$15,453	\$14,600	\$6,885	\$8,025	\$20,374
Annual Premium Cost Difference Against HDHP			\$2,647	(\$1,568)	(\$1,428)	\$221
Annual Premium + OOPM Difference Against HDHP			\$2,397	(\$5,318)	(\$4,178)	\$8,171
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$4,461		\$6,636	\$3,618	\$3,834	\$5,674
TOTAL Annual Premium & OOPM	\$11,211	\$14,461	\$13,136	\$6,618	\$7,834	\$20,374
Annual Premium Cost Difference Against HDHP			\$2,174	(\$843)	(\$627)	\$1,213
Annual Premium + OOPM Difference Against HDHP			\$1,924	(\$4,593)	(\$3,377)	\$9,163
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$2,124		\$3,681	\$1,907	\$1,923	\$2,261
TOTAL Annual Premium & OOPM	\$6,624	\$7,124	\$6,931	\$3,407	\$3,923	\$9,611
Annual Premium Cost Difference Against HDHP			\$1,556	(\$217)	(\$202)	\$137
Annual Premium + OOPM Difference Against HDHP			\$306	(\$3,217)	(\$2,702)	\$2,987

Tier 1 Base Salary Below \$92,700	2024-25 Medical Health Plans Annual Cost Comparison					
	AETNA HDHP		AETNA EPO	KAISER CA	KAISER DC	CDPHP
	IN NETWORK	OUT OF NETWORK	IN NETWORK	IN NETWORK	IN NETWORK	IN NETWORK
DEDUCTIBLE	\$5,000	\$8,000	\$1,500	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$6,750	\$10,000	\$6,500	\$3,000	\$4,000	\$14,700
EE + FAMILY COVERAGE						
ANNUAL PREMIUM	\$5,223		\$8,139	\$3,562	\$4,313	\$4,249
TOTAL Annual Premium & OOPM	\$11,973	\$15,223	\$14,639	\$6,562	\$8,313	\$18,949
Annual Premium Cost Difference Against HDHP			\$2,916	(\$1,660)	(\$909)	(\$974)
Annual Premium + OOPM Difference Against HDHP			\$2,666	(\$5,410)	(\$3,659)	\$6,976
EE + SPOUSE COVERAGE						
ANNUAL PREMIUM	\$3,895		\$6,078	\$2,917	\$3,019	\$4,249
TOTAL Annual Premium & OOPM	\$10,645	\$13,895	\$12,578	\$5,917	\$7,019	\$18,949
Annual Premium Cost Difference Against HDHP			\$2,184	(\$977)	(\$875)	\$354
Annual Premium + OOPM Difference Against HDHP			\$1,934	(\$4,727)	(\$3,625)	\$8,304
EE + CHILDREN COVERAGE						
ANNUAL PREMIUM	\$3,187		\$4,964	\$2,700	\$2,881	\$4,249
TOTAL Annual Premium & OOPM	\$9,937	\$13,187	\$11,464	\$5,700	\$6,881	\$18,949
Annual Premium Cost Difference Against HDHP			\$1,777	(\$487)	(\$305)	\$1,062
Annual Premium + OOPM Difference Against HDHP			\$1,527	(\$4,237)	(\$3,055)	\$9,012
EE ONLY COVERAGE						
DEDUCTIBLE	\$3,250	\$4,000	\$750	\$0	\$0	\$0
OUT-OF-POCKET PAYMENT MAXIMUM ("OOPM")	\$4,500	\$5,000	\$3,250	\$1,500	\$2,000	\$7,350
ANNUAL PREMIUM	\$1,416		\$2,203	\$1,437	\$1,442	\$1,700
TOTAL Annual Premium & OOPM	\$5,916	\$6,416	\$5,453	\$2,937	\$3,442	\$9,050
Annual Premium Cost Difference Against HDHP			\$787	\$21	\$26	\$283
Annual Premium + OOPM Difference Against HDHP			(\$463)	(\$2,979)	(\$2,474)	\$3,133