

Disabled American Veterans
 Premium Contribution Reference Sheet
 Semily - Monthly (24)
 February 1, 2026 to January 31, 2027 - Medical
 June 1, 2025 - May 31, 2026 - Dental

Providence Standard Gold				
	Total	Employer monthly	Employee monthly	Employee Semi-Monthly
	Premium	Contribution	Contribution	Contribution
Single	\$1,172.35	\$1,172.35	\$0.00	\$0.00
Single + Spouse	\$2,344.70	\$1,172.35	\$1,172.35	\$586.18
Family	\$3,341.20	\$1,172.35	\$2,168.85	\$1,087.43
Single + Children	\$2,168.85	\$1,172.35	\$996.50	\$498.25

Companion Dental				
	Total	Employer monthly	Employee monthly	Employee Semi - Monthly
	Premium	Contribution	Contribution	Contribution
Single	\$52.21	\$26.11	\$26.10	\$13.05
Single + Spouse	\$106.24	\$26.11	\$80.13	\$40.06
Family	\$184.34	\$26.11	\$158.23	\$79.11
Single + Children	\$121.37	\$26.11	\$95.26	\$47.63

Some monthly employee premium contributions are not divisible by two, so a .01 rounding is included in employer cost

This page is provided as a guide to employee premium contributions. Confirm rates used with carrier contracted rates

Employee contributions may be taken on a pre-tax basis provided compliance and eligibility criteria are met

Employer pays 100% for employee and 0% for dependents on the medical plan

Employer pays 50% for employee and 0% for dependents for the dental plan