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Costo de Su Cobertura en 2026

Sus deducciones mensuales de nómina para sus beneficios se muestran en las tablas a continuación:

Nivel de Beneficios Mensual	**Cobertura Médica: MEC Basic**
	Usted paga:
Empleado Solo	**$75.00**
Empleado Solo	**$165.75**
Empleado y Hijo(s)	**$150.75**
Familia	**$239.25**

Medical: MEC Plus

Tasa de Pago - Rango Inferior	*Tasa de Pago - Rango Mayor*	*MEC PLUS Empleado Solo*	*MEC PLUS Empleado y Cónyuge*	*MEC PLUS Empleado y Hijo(s)*	*MEC PLUS Familia*
$ 7.25	*$ 7.99*	$93.30	$289.78	$279.61	$824.98
$ 8.00	*$ 8.99*	$102.96	$299.44	$289.27	$834.64
$ 9.00	*$ 9.99*	$115.83	$312.31	$302.14	$847.51
$ 10.00	*$ 10.99*	$128.70	$325.18	$315.01	$860.38
$ 11.00	*$ 11.99*	$141.57	$338.05	$327.88	$873.25
$ 12.00	*$ 12.99*	$154.44	$350.92	$340.75	$886.12
$ 13.00	*$ 13.99*	$167.31	$363.79	$353.62	$898.99
$ 14.00	*$ 14.99*	$180.18	$376.66	$366.49	$911.86
$ 15.00	*$ 15.99*	$193.05	$389.53	$379.36	$924.73
$ 16.00	*$ 16.99*	$205.92	$402.40	$392.23	$937.60
$ 17.00	*$ 17.99*	$218.79	$415.27	$405.10	$950.47
$ 18.00	*$ 18.99*	$231.66	$428.14	$417.97	$963.34
$ 19.00	*$ 19.99*	$244.53	$441.01	$430.84	$976.21
$ 20.00	*$ 20.99*	$257.40	$453.88	$443.71	$989.08
$ 21.00	*$ 21.99*	$270.27	$466.78	$456.58	$1,001.95
$ 22.00	*$ 22.99*	$283.14	$479.62	$469.45	$1,014.82
$ 23.00	*$ 23.99*	$296.01	$492.49	$482.32	$1,027.69
$ 24.00	*$ 24.99*	$308.88	$505.36	$495.19	$1,040.56
$ 25.00	*$ 25.99*	$321.75	$518.23	$508.06	$1,053.43
$ 26.00	*$ 26.99*	$334.62	$531.10	$520.93	$1,066.30
$ 27.00	*$ 27.99*	$338.73	$531.10	$525.04	$1,070.41
$ 28.00	*$ 28.99*	$338.73	$531.10	$525.04	$1,070.41
$ 29.00	*$ 29.99*	$338.73	$531.10	$525.04	$1,070.41
$ 30.00	*+*	$338.73	$531.10	$525.04	$1,070.41

Cobertura Médica: MVP

Tasa de Pago - Rango Inferior	*Tasa de Pago - Rango Mayor*	*MVP Empleado Solo*	*MVP Empleado y Cónyuge*	*MVP Empleado y Hijo(s)*	*MVP Familia*
$ 7.25	*$ 7.99*	**$93.30**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 8.00	*$ 8.99*	**$102.96**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 9.00	*$ 9.99*	**$115.83**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 10.00	*$ 10.99*	**$128.70**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 11.00	*$ 11.99*	**$141.57**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 12.00	*$ 12.99*	**$154.44**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 13.00	*$ 13.99*	**$167.31**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 14.00	*$ 14.99*	**$180.18**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 15.00	*$ 15.99*	**$193.05**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 16.00	*$ 16.99*	**$205.92**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 17.00	*$ 17.99*	**$218.79**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 18.00	*$ 18.99*	**$231.66**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 19.00	*$ 19.99*	**$244.53**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 20.00	*$ 20.99*	**$257.40**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 21.00	*$ 21.99*	**$270.27**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 22.00	*$ 22.99*	**$283.14**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 23.00	*$ 23.99*	**$296.01**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 24.00	*$ 24.99*	**$308.88**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 25.00	*$ 25.99*	**$321.75**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 26.00	*$ 26.99*	**$334.62**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 27.00	*$ 27.99*	**$347.49**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 28.00	*$ 28.99*	**$360.36**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 29.00	*$ 29.99*	**$373.23**	**$1,341.00**	**$1,315.52**	**$2,681.99**
$ 30.00	*+*	**$386.10**	**$1,341.00**	**$1,315.52**	**$2,681.99**

Cobertura Médica: Mayor Compra Medica

Tasa de Pago - Rango Inferior	*Tasa de Pago - Rango Mayor*	*Empleado Solo*	*Empleado y Cónyuge*	*Empleado y Hijo(s)*	*Familia*
$ 7.25	*$ 7.99*	**$195.14**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 8.00	*$ 8.99*	**$204.80**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 9.00	*$ 9.99*	**$217.67**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 10.00	*$ 10.99*	**$230.54**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 11.00	*$ 11.99*	**$243.41**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 12.00	*$ 12.99*	**$256.28**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 13.00	*$ 13.99*	**$269.15**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 14.00	*$ 14.99*	**$282.02**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 15.00	*$ 15.99*	**$294.89**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 16.00	*$ 16.99*	**$307.76**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 17.00	*$ 17.99*	**$320.63**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 18.00	*$ 18.99*	**$333.50**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 19.00	*$ 19.99*	**$346.37**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 20.00	*$ 20.99*	**$359.24**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 21.00	*$ 21.99*	**$372.11**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 22.00	*$ 22.99*	**$384.98**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 23.00	*$ 23.99*	**$397.85**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 24.00	*$ 24.99*	**$410.72**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 25.00	*$ 25.99*	**$423.59**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 26.00	*$ 26.99*	**$436.46**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 27.00	*$ 27.99*	**$449.33**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 28.00	*$ 28.99*	**$462.20**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 29.00	*$ 29.99*	**$475.07**	**$1,501.93**	**$1,473.38**	**$3,003.82**
$ 30.00	*+*	**$487.94**	**$1,501.93**	**$1,473.38**	**$3,003.82**

Nivel de Beneficios Mensual	**Plan Médico de Imdemnización:**		
	Opción 1	**Opción 2**	**Opción 3**
Empleado Solo	$108.84	$155.35	$225.22
Empleado y Cónyuge	$254.14	$366.93	$536.02
Empleado y Hijo(s)	$179.05	$255.86	$372.74
Familia	$286.25	$412.07	$602.13

Nivel de Beneficios Mensual	**Cobertura Voluntaria Dental PPO (bajo/alto)** *Usted paga:*	**Cobertura Voluntaria deVisión** *Usted paga:*
Empleado Solo	$25.25 / $36.02	$5.07
Empleado y Cónyuge	$49.09 / $71.28	$10.12
Empleado yHijo(s)	$50.68 / $94.15	$11.77
Familia	$72.30 / $129.43	$18.80

Nivel de Beneficios Mensual	**Seguro Voluntario de Descapacidad a Corto Plazo** *Usted paga:*
Employee Only	$17.00
Empleado Solo	----------
Empleado y Cónyuge	----------
Empleado yHijo(s)	----------
Familia	

Nivel de Beneficios Mensual	**Seguro Voluntario Temporal de Vida y AD&D**
Empleado Solo	$4.60
Empleado y 1 dependiente	$5.51
Empleado y 2 o más dependientes	$5.51

Nivel de Beneficios Mensual	**Seguro contra Enfermedades Graves** (Empleado+Cónyuge/Familia) *Usted paga:*	
	EE Only	*EE+ Dependentes*
18-24	$1.80	$3.15
25-29	$2.20	$3.85
30-34	$3.30	$5.78
35-39	$5.50	$9.63
40-44	$8.80	$15.40
45-49	$13.20	$23.10
50-54	$19.80	$34.65
55+	$26.40	$46.20

Nivel de Beneficios Mensual	**Seguro Voluntario de Accidente** *Usted paga:*
Empleado Solo	$12.18
Empleado y Cónyuge	$21.02
Empleado yHijo(s)	$22.10
Familia	$30.94