FRANÇOIS & CO.

FULL-TIME EMPLOYEES

BI-WEEKLY

PAYROLL DEDUCTIONS

January 1, 2027 - December 31, 2027

HEALTH INSURANCE

ANGLE HEALTH	BASE - ANG HDHP 7000 / 7000	MID - ANG TRAD 5000 / 7000	BUY-UP - ANG TRAD 2000 / 4000
Employee Only	**$64.88**	**$108.35**	**$148.72**
Employee + Spouse	**$136.25**	**$227.52**	**$312.30**
Employee + Child(ren)	**$123.28**	**$205.86**	**$282.56**
Employee + Family	**$201.14**	**$335.87**	**$461.02**

DENTAL INSURANCE

MUTUAL OF OMAHA	PPO LOW OPTION	PPO HIGH OPTION
Employee Only	**$12.15**	**$19.10**
Employee + Spouse	**$25.94**	**$40.62**
Employee + Child(ren)	**$32.62**	**$53.30**
Employee + Family	**$46.41**	**$75.83**

VISION INSURANCE

MUTUAL OF OMAHA	VISION PLAN
Employee Only	**$3.59**
Employee + Spouse	**$7.17**
Employee + Child(ren)	**$7.35**
Employee + Family	**$10.93**

Dental and vision monthly premiums converted to 26 bi-weekly deductions; amounts rounded to the nearest cent.

Additional voluntary benefits

Voluntary Life | Voluntary Disability | Other Supplemental Policies

Please refer to the benefit booklet and enrollment materials for available options and pricing.