Nipro Vascular
Innovations Americas

EMPLOYEE BENEFITS
BI-WEEKLY PAYROLL DEDUCTIONS
JUL 1, 2026 – FEB 28, 2027

MEDICAL INSURANCE

MEDICAL CARRIERS	AETNA CHOICE II $1,000	OA AETNA SELECT
Employee Only	$ 80.31	$ 86.11
Employee + Spouse	$ 178.30	$ 191.17
Employee + Child(ren)	$ 146.17	$ 156.73
Employee + Family	$ 246.56	$ 264.37

DENTAL & VISION INSURANCE

METLIFE	DENTAL PPO	VISION
Employee Only	$ 4.01	$ 3.95
Employee + Spouse	$ 8.83	$ 7.49
Employee + Child(ren)	$ 10.64	$ 8.77
Employee + Family	$ 16.19	$ 12.35

SUPPLEMENTAL

METLIFE	ACCIDENT	HOSPITAL INDEMNITY
Employee Only	$ 6.05	$ 8.61
Employee + Spouse	$ 11.99	$ 17.79
Employee + Child(ren)	$ 14.32	$ 14.96
Employee + Family	$ 16.98	$ 24.14

AMBULANCE PLAN

MASA	EMERGENT PREMIER	PLATINUM
Employee + Family	$ 8.77	$ 15.00

SUPPLEMENTAL

METLIFE	ID & FRAUD PROTECTION	ID & FRAUD PROTECTION PLUS	LEGAL
Employee Only	$ 3.21	$ 5.05	$ 9.00
Employee + Family	$ 5.52	$ 7.82	$ 9.00

Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.