

2026 Salt Lake County Premiums

MEDICAL

Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week



HIGH DEDUCTIBLE HEALTH PLANS

PER PAYCHECK COST

ANNUAL EMPLOYEE COST

Employee only	\$0	\$0
Employee and one or more dependents	\$0	\$0

TRADITIONAL HEALTH PLANS

PER PAYCHECK COST

ANNUAL EMPLOYEE COST

Employee only	\$74.27	\$1,931.02
Employee and one dependent	\$163.13	\$4,241.38
Employee and two or more dependents	\$219.77	\$5,714.02

Part-Time Employees with Benefits Working 20–29 Hours per Week

HIGH DEDUCTIBLE HEALTH PLANS

PER PAYCHECK COST

ANNUAL EMPLOYEE COST

Employee only	\$96.53	\$2,509.78
Employee and one or more dependents	\$277.26	\$7,208.76

TRADITIONAL HEALTH PLANS

PER PAYCHECK COST

ANNUAL EMPLOYEE COST

Employee only	\$148.53	\$3,861.78
Employee and one dependent	\$326.27	\$8,483.02
Employee and two or more dependents	\$439.55	\$11,428.30

Dental and Vision Premiums



Dental Plan Premium

PER PAY PERIOD PREMIUM	EMPLOYEE ONLY	EMPLOYEE PLUS ONE	EMPLOYEE AND TWO OR MORE DEPENDENTS
Full-time employee	\$5.26	\$6.74	\$10.15
Part-time employee	\$10.52	\$13.48	\$20.31

ANNUAL PREMIUM

Full-Time and Part-Time Employees with Benefits Working 30 Hours or More a Week

DENTAL PLAN	EMPLOYEE COST
Employee only	\$136.80
Employee +1	\$175.20
Employee +2 or more	\$264.00

Part-Time Employees with Benefits Working 20-29 Hours per Week

	EMPLOYEE COST
Employee only	\$273.60
Employee +1	\$350.40
	\$528.00

Vision Plan Premium

PER PAY PERIOD PREMIUM	EMPLOYEE ONLY	EMPLOYEE PLUS ONE	EMPLOYEE AND TWO OR MORE DEPENDENTS
Full-time employee	\$3.30	\$6.60	\$10.62

Voluntary Life and AD&D

Coverage - Election Increments		Min Election	Max Election	Guaranteed Issue
Employee Life	\$25,000	\$25,000	\$500,000	\$300,000
Spouse Life	\$25,000	\$25,000	\$500,000	\$300,000
Child Life	\$5,000	\$5,000	\$15,000	\$15,000
Employee AD&D	\$25,000	\$25,000	\$250,000	\$250,000
Family AD&D	\$25,000	\$25,000	\$250,000	\$250,000

Employee & Spouse Age per \$1,000		Child Age per \$1,000	Employee AD&D per \$1,000
< 25	\$0.05	0 - 26	\$0.48
25 - 29	\$0.06		\$0.02
30 - 34	\$0.08		Family AD&D per \$1,000
35 - 39	\$0.09		\$0.03
40 - 44	\$0.10		
45 - 49	\$0.15		
50 - 54	\$0.23		
55 - 59	\$0.43		
60 - 64	\$0.66		
65 - 69	\$1.27		
70 +	\$2.06		

Short Term Disability

Employee Age	Monthly Rate
< 35	\$0.0192
35 - 49	\$0.0203
50 - 59	\$0.0326
60 +	\$0.0484

A. Annual Salary	B. Weekly Salary	C. Weekly Benefit	D. Monthly Rate	E. BiWeekly Deduction
	Box A / 52	Box B x 0.6667	Box C x Rate	Box D x 12 / 26

Legal ARAG

Plan Type	Premiums
Ultimate Advisor	\$8.42
Ultimate Advisor Plus	\$10.15