

UWUA Benefit Plans – 2026 Bi-weekly Rates

Medical Plans		
Plan Name	Employee	Family
NYPA PPO Plan (UHC) <i>All Locations</i>	\$53.84	\$140.38
Choice Plan (UHC) <i>All Locations</i>	\$38.46	\$42.30
Opt-Out Waiver	\$76.93	

Dental, Vision, HRA (for hearing)		
Plan Name	Employee	Family
Delta Dental	Company Paid	
Core Vision	Company Paid	N/A
Health Reimbursement Account (for hearing aid)		

Employee Life Insurance, Short-Term and Long-Term Disability		
Coverage Amount	Coverage Amount	Rate
Employee Life Insurance	150% of Salary	Company Paid
Short Term Disability	50% of Salary maximum \$750/week	
Long Term Disability	50% of Salary maximum \$3,000/month	

AFLAC - Cancer / Accident Insurance				
Plan Name	Employee	Employee and Spouse	1 Parent Family	2 Parent Family
Cancer Classic	\$17.88	\$31.98	\$17.88	\$31.98
Accident Advantage*	\$9.78	\$12.48	\$14.64	\$18.66
Accident Advantage – Option 3	\$10.50	\$13.74	\$15.84	\$19.98

**plan is grandfathered, and not open to new participants*