



City of Lander
Effective July 1, 2026

	Single	2 Adults	Adult + Dep	Family
\$3,500 Deductible Plan	\$ 1,101.00	\$ 2,174.00	\$ 1,892.00	\$ 2,987.00
Standard Option Dental	\$ 36.00	\$ 92.00	\$ 74.00	\$ 109.00
Employer Paid Vision	\$ 8.00	\$ 11.00	\$ 14.00	\$ 22.00
Life & AD&D	Per \$1,000 is \$0.225		Dependent Life \$1.25/Employee	

OPTIONS

\$1,000 Deductible Plan	\$ 1,399.00	\$ 2,762.00	\$ 2,404.00	\$ 3,795.00
\$1,500 Deductible Plan	\$ 1,301.00	\$ 2,569.00	\$ 2,236.00	\$ 3,529.00
\$2,500 Deductible Plan	\$ 1,198.00	\$ 2,364.00	\$ 2,058.00	\$ 3,249.00
\$5,000 Deductible Plan	\$ 1,002.00	\$ 1,978.00	\$ 1,722.00	\$ 2,718.00
\$1,700 HDHP	\$ 1,354.00	\$ 2,674.00	\$ 2,327.00	\$ 3,674.00
\$2,500 HDHP	\$ 1,230.00	\$ 2,428.00	\$ 2,113.00	\$ 3,336.00
\$3,500 HDHP	\$ 1,132.00	\$ 2,235.00	\$ 1,945.00	\$ 3,071.00
\$5,000 HDHP	\$ 1,028.00	\$ 2,031.00	\$ 1,767.00	\$ 2,790.00
High Option Dental	\$ 39.00	\$ 99.00	\$ 80.00	\$ 118.00
Voluntary Vision	\$ 10.00	\$ 14.00	\$ 18.00	\$ 26.00

I acknowledge that I have received the above plan options and rates for consideration for the plan year beginning July 1, 2026.

Received by: _____ Date: _____

Title: _____



Employer/Employee Contribution Split Dollar Amounts

Please select from the following options:

- Do show rates on WEBT Portal
 - Dollar amounts will be entered on the WEBT Online Portal, so please complete contribution amounts (in dollars) below.
- Do NOT show rates on WEBT Portal

If you have contribution splits other than outlined below, please email the details to your WEBT representative. However, please note, the amounts will not be shown on the WEBT Portal.

Medical Plan(s)

Deductible: \$2500

	Employer	Employee
Single	\$ 956.64	\$ 241.36
2 Adults	\$ 1905.57	\$ 458.43
Single + Dep	\$ 1653.09	\$ 404.91
Family	\$ 2601.01	\$ 647.99

Dental Plan

	Employer	Employee
Single	\$ —	\$ 36.00
2 Adults	\$ —	\$ 92.00
Single + Dep	\$ —	\$ 74.00
Family	\$ —	\$ 109.00

Deductible: \$3500

	Employer	Employee
Single	\$ 956.64	\$ 144.36
2 Adults	\$ 1905.57	\$ 268.43
Single + Dep	\$ 1653.09	\$ 238.91
Family	\$ 2601.01	\$ 385.99

Vision Plan

	Employer	Employee
Single	\$ 8.00	\$ —
2 Adults	\$ 11.00	\$ —
Single + Dep	\$ 14.00	\$ —
Family	\$ 22.00	\$ —

Deductible: \$5000

	Employer	Employee
Single	\$ 956.64	\$ 45.36
2 Adults	\$ 1905.57	\$ 72.43
Single + Dep	\$ 1653.09	\$ 68.91
Family	\$ 2601.01	\$ 116.99

Employer Paid Life*

Life and AD&D	\$3.38
Dependent Life	\$1.25

*Premiums reduce beginning at age 65; see life summary for details.

The above employer/employee contribution splits will remain in effect from July 1, 2026 through June 30, 2027. If any changes are made, you must notify your WEBT representative.

Group Name City of Lander Branch WEBT
 Authorized by _____ Date _____



EMPLOYER PLAN SELECTION

This form must be completed and returned to WTW no later than **April 30, 2026**. Effective July 1, 2026, ~~Albany County Public Library~~ City of Lander selects the following benefit options to be offered to our staff.

 NO PLAN CHANGES, DELETIONS OR ADDITIONS

MEDICAL (Maximum of 3 options per group)

- \$1,000 Deductible Plan
- \$1,500 Deductible Plan
- X \$2,500 Deductible Plan
- X \$3,500 Deductible Plan
- X \$5,000 Deductible Plan
- \$1,700 High Deductible Health Plan
- \$2,500 High Deductible Health Plan
- \$3,500 High Deductible Health Plan
- \$5,000 High Deductible Health Plan

DENTAL

- X Standard Option Dental High Option Dental

VISION

- X Employer Paid Vision Voluntary Vision

LIFE

- X Life and AD&D X Dependent Life

Group Name City of Lander Branch WEBT

Authorized by _____ Date _____