



Veolia North America 2026 Employee Contributions

Bargaining Units

CA_IUOE_L12_Rialto	MA_AFSCME_L3065A_Springfield
CA_Team_L63_Colton_MH	MA_UFCW_L1459_Holyoke
CT_AFSCME_L1303_306_Ridgefield	MA_UFCW_L1459_Springfield
CT_AFSCME_L2405_Norwalk	MA_USW_L13492_Hingham
ID_UAJ_L296_Idaho	NJ_UWUA_L375_Hoboken
IL_IBEW_L649_Woodriver	NJ_UWUA_L375_JerseyCity
IL_IUOE_L399_ChiBiosolids	NJ_UWUA_L601_Bayonne
IL_IUOE_L399_Streator	NJ_UWUA_L601_Rahway
IL_LIUNA_L773_Litchfield	PA_UWUA_L489_Harrisburg_CS
IL_SEIU_L1_ChiBiosolids_FO	PA_UWUA_L489_Harrisburg_Prod
IL_UFCW_L12C_Sauget	PA_UWUA_L516_Bloomsburg
IL_UFCW_L6C_Sauget	



The 2026 employee contributions show what you'll pay for coverage under the Veolia North America benefits plans.

Questions? Call the Veolia Benefits Center at 1-844-690-0918, Monday through Friday from 7:30 a.m. to 6:00 p.m. CST to speak with a representative.

** If you are represented by a collective bargaining agreement, you may not be eligible for all the benefits on this rate sheet. You should refer to your union contract, which identifies any Veolia benefits for which you may be eligible.*

Medical Contributions

	BI-WEEKLY	WEEKLY
HIGH DEDUCTIBLE HEALTH PLAN — GOLD		
Employee Only	\$86.35	\$43.17
Employee and Spouse	\$193.10	\$96.55
Employee and Child(ren)	\$156.00	\$78.00
Employee and Family	\$253.58	\$126.79
HIGH DEDUCTIBLE HEALTH PLAN — SILVER		
Employee Only	\$20.46	\$10.23
Employee and Spouse	\$54.58	\$27.29
Employee and Child(ren)	\$42.65	\$21.33
Employee and Family	\$67.19	\$33.60

	BI-WEEKLY	WEEKLY
PPO		
Employee Only	\$89.94	\$44.97
Employee and Spouse	\$204.44	\$102.22
Employee and Child(ren)	\$160.56	\$80.28
Employee and Family	\$267.24	\$133.62
EPO		
Employee Only	\$120.07	\$60.03
Employee and Spouse	\$268.74	\$134.37
Employee and Child(ren)	\$216.92	\$108.46
Employee and Family	\$352.84	\$176.42

Dental Contributions

	GOLD		SILVER	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$5.38	\$2.69	\$2.28	\$1.14
Employee and Spouse	\$12.75	\$6.38	\$4.35	\$2.17
Employee and Child(ren)	\$11.13	\$5.56	\$4.81	\$2.40
Employee and Family	\$17.77	\$8.89	\$7.27	\$3.63

Vision Contributions

	GOLD		SILVER	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
Employee Only	\$5.21	\$2.61	\$1.52	\$0.76
Employee and Spouse	\$10.41	\$5.21	\$3.03	\$1.52
Employee and Child(ren)	\$11.14	\$5.57	\$3.25	\$1.63
Employee and Family	\$17.68	\$8.84	\$5.16	\$2.58

Long-Term Disability Insurance

	CORE	BUY-UP
Employee Only	<i>Paid for by Veolia</i>	\$0.210 per \$100

Life Insurance

BASIC	
Employee	<i>Paid for by Veolia</i>
SUPPLEMENTAL EMPLOYEE AND SPOUSE	
AGE (OF EMPLOYEE OR SPOUSE AS OF JANUARY 1, 2026)	MONTHLY PER \$1,000 OF COVERAGE
<29	\$0.048
30-34	\$0.076
35-39	\$0.086
40-44	\$0.095
45-49	\$0.143
50-54	\$0.219
55-59	\$0.409
60-64	\$0.627
65-69	\$1.207
70+	\$1.957
SUPPLEMENTAL DEPENDENT CHILD	
\$25,000 per child	MONTHLY
	\$1.250

Accidental Death and Dismemberment Insurance

	BASIC	SUPPLEMENTAL <i>(Monthly per \$1,000 of coverage)</i>
Employee Only	<i>Paid for by Veolia</i>	\$0.020
Employee and Family		\$0.035

Voluntary Group Legal

	MONTHLY
Employee Only	\$18.00
Employee and Parents Buy-up	\$23.00

Voluntary ID Theft Protection

	MONTHLY
Employee Only	\$8.95
Employee and Family	\$16.95

Voluntary Critical Illness

\$10,000 Coverage Rates (Each dependent child is covered at 50% of the primary insured's benefit amount at no additional charge)

	MONTHLY	
	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE/FAMILY
Ages 18-25	\$4.15	\$8.05
Ages 26-30	\$5.24	\$10.23
Ages 31-35	\$6.06	\$11.87
Ages 36-40	\$7.74	\$15.23
Ages 41-45	\$9.18	\$18.11
Ages 46-50	\$10.81	\$21.37
Ages 51-55	\$16.40	\$32.55
Ages 56-60	\$16.19	\$32.13
Ages 61-65	\$32.23	\$64.22
Ages 66+	\$55.98	\$111.71

\$20,000 Coverage Rates (Each dependent child is covered at 50% of the primary insured's benefit amount at no additional charge)

	MONTHLY	
	EMPLOYEE ONLY	EMPLOYEE AND SPOUSE/FAMILY
Ages 18-25	\$6.86	\$13.22
Ages 26-30	\$9.03	\$17.56
Ages 31-35	\$10.68	\$20.87
Ages 36-40	\$14.04	\$27.58
Ages 41-45	\$16.91	\$33.32
Ages 46-50	\$20.18	\$39.86
Ages 51-55	\$31.35	\$62.21
Ages 56-60	\$30.93	\$61.37
Ages 61-65	\$63.03	\$125.56
Ages 66+	\$110.52	\$220.54

Voluntary Group Hospital Indemnity

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$20.02	\$10.02
Employee and Spouse	\$40.54	\$20.28
Employee and Child(ren)	\$33.02	\$16.50
Employee and Family	\$53.54	\$26.76

Voluntary Group Accident

	MONTHLY	
	HIGH PLAN	LOW PLAN
Employee Only	\$10.37	\$5.73
Employee and Spouse	\$17.40	\$9.87
Employee and Child(ren)	\$20.92	\$11.77
Employee and Family	\$27.95	\$15.91