



Veolia North America 2026 Employee Contributions

Bargaining Units

CT_AFSCME_L1303_232_Stonington
MI_IUOE_L547_Portage
RI_AFSCME_L670_Woonsocket



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
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	\$106.97	\$53.48
Employee and Spouse	\$224.63	\$112.31
Employee and Child(ren)	\$192.54	\$96.27
Employee and Family	\$310.20	\$155.10

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	Paid for by Veolia	\$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