Eder Financial
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1505 Dundee Avenue • Elgin, Illinois 60120-1619
800-746-1505 • 847-695-0200 • Fax 847-742-6336
insurance@eder.org • www.ederfinancial.org

2026 Ancillary Plan Rates

All rates are listed in monthly amounts

Delta Dental			
	Option 1	Option 2	Option 3
Employee	$ 69.64	$ 59.99	$ 56.05
Employee + One	125.57	108.23	98.68
Employee + Family	194.53	166.60	151.24

EyeMed Vision Plan			
	Option 1	Option 2	Option 3
Employee	$ 12.45	$ 12.32	$ 17.43
Employee + One	17.27	17.02	26.74
Employee + Family	22.00	21.67	35.93

Employer-Paid Basic Life Insurance and AD&D		Long-Term Disability Insurance	
	Total Monthly Premium		Rate per $100 of Salary
Employee only	No cost with any additional enrollment	Employee only	$ 0.70

Supplemental Life Insurance and Accidental Death & Dismemberment		Short-Term Disability Insurance		Critical Illness Insurance	
Age (Employee or Spouse)	Total Monthly Premium per $1,000 of coverage	Age (Employee or Spouse)	Total Monthly Premium per $10 of coverage	Age (Employee or Spouse)	Total Monthly Premium per $10,000 of coverage
Under 25	$ 0.27	Under 25	$ 0.24	Dependant Children	$ 15.70
25-29	0.27	25-29	0.27	Under 29	7.30
30-34	0.31	30-34	0.27	30-34	9.70
35-39	0.33	35-39	0.21	35-39	11.40
40-44	0.38	40-44	0.18	40-44	14.90
45-49	0.49	45-49	0.21	45-49	21.80
50-54	0.66	50-54	0.21	50-54	29.70
55-59	0.93	55-59	0.24	55-59	40.70
60-64	1.08	60-64	0.24	60-64	58.90
65-69	1.65	65-69	0.30	65-69	86.90
70+	2.60	70+	0.38	70-74	140.40
				75-79	231.20
				80-84	316.50
				85+	502.60

Accident Insurance			
Employee Only	$ 10.24	$ 13.44	$ 17.18
Employee + Spouse	15.43	20.80	27.05
Employee + Child(ren)	21.52	29.60	38.58
Employee + Family	26.81	37.08	48.61