MEDICAL PLAN BI-WEEKLY					
	Premier	HDHP w/ HSA	Basic	EPO Premier*	EPO HDHP w/HSA*
Annual Salary <=\$26,999					
Employee Only	\$79.00	\$43.00	\$26.00	\$46.00	\$21.00
Employee + Child(ren)	\$135.00	\$75.00	\$46.00	\$79.00	\$37.00
Employee + Spouse	\$182.00	\$101.00	\$61.00	\$108.00	\$49.00
Employee + Spouse + Children	\$238.00	\$131.00	\$78.00	\$144.00	\$63.00
Annual Salary \$27,000 to \$43,999					
Employee Only	\$107.00	\$78.00	\$65.00	\$84.00	\$53.00
Employee + Child(ren)	\$183.00	\$133.00	\$112.00	\$140.00	\$88.00
Employee + Spouse	\$247.00	\$181.00	\$152.00	\$195.00	\$123.00
Employee + Spouse + Children	\$323.00	\$235.00	\$198.00	\$258.00	\$161.00
Annual Salary >= \$44,000					
Employee Only	\$135.00	\$100.00	\$91.00	\$104.00	\$70.00
Employee + Child(ren)	\$231.00	\$171.00	\$150.00	\$174.00	\$114.00
Employee + Spouse	\$375.00	\$231.00	\$208.00	\$240.00	\$161.00
Employee + Spouse + Children	\$467.00	\$301.00	\$271.00	\$318.00	\$212.00
				*Major Service Areas - Austin, Dallas/ Ft. Worth, Houston, or San Antonio	

	DENTAL PLAN BI-WEEKLY	
	Basic Plan	Full Plan
Employee Only	\$13.19	\$19.21
Employee + 1	\$24.81	\$39.17
Family	\$41.59	\$65.38

VISION PLAN BI-WEEKLY				
	MetLife (VSP)			
Employee Only	\$3.05			
Employee + Child(ren)	\$5.15			
Employee + Spouse	\$6.10			
Family	\$8.50			

	HYATT LEGAL PLAN BI-WEEKLY	
	Hyatt Legal	
Employee Only	\$8.35	

Company Contribution for AIL Employees

The Company will make a contribution to your Health Savings Account. For employee-only coverage, the Company will contribute \$250. For employee and family coverage, the Company will contribute \$500. Contributions are made in 26 equal payments in 2026.

Employee Only

Employee + 1

Family

MEDICAL PLAN BI-WEEKLY					
	Premier	HDHP w/ HSA	Basic	EPO Premier*	EPO HDHP w/HSA*
Annual Salary <=\$26,999					
Employee Only	\$79.00	\$43.00	\$26.00	\$46.00	\$21.00
Employee + Child(ren)	\$135.00	\$75.00	\$46.00	\$79.00	\$37.00
Employee + Spouse	\$182.00	\$101.00	\$61.00	\$108.00	\$49.00
Employee + Spouse + Children	\$238.00	\$131.00	\$78.00	\$144.00	\$63.00
Annual Salary >=\$27,000					
Employee Only	\$107.00	\$78.00	\$65.00	\$84.00	\$53.00
Employee + Child(ren)	\$183.00	\$133.00	\$112.00	\$140.00	\$88.00
Employee + Spouse	\$247.00	\$181.00	\$152.00	\$195.00	\$123.00
Employee + Spouse + Children	\$323.00	\$235.00	\$198.00	\$258.00	\$161.00
				*Major Service Areas - Austin, Dallas/ Ft. Worth, Houston, or San Antonio	
	DEN.	TAL PLAN BI-WEE	KLY		
		Basic Plan		Full Plan	

VISION PLAN BI-WEEKLY				
MetLife (VSP)				
Employee Only	\$3.05			
Employee + Child(ren)	\$5.15			
Employee + Spouse	\$6.10			
Family	\$8.50			

\$13.19

\$24.81

\$41.59

\$19.21

\$39.17

\$65.38

HYATT LEGAL PLAN BI-WEEKLY Hyatt Legal

Employee Only \$8.35

Company Contribution for AIL Employees

The Company will make a contribution to your Health Savings Account. For employee-only coverage, the Company will contribute \$250. For employee and family coverage, the Company will contribute \$500. Contributions are made in 26 equal payments in 2026.