2026 Team Member Weekly Contribution Rates

United Supermarkets

The rates listed below are the Team Member's weekly contributions (or examples to show how to calculate the weekly contributions) for benefit programs effective January 1 – December 31, 2026. When you enroll for coverage, you authorize Albertsons Companies to take deductions from your weekly pay as your contribution. Rates shown in the online enrollment system may vary slightly due to rounding. If you cover a domestic partner and/or the children of a domestic partner, the cost of dependent coverage is taxable per IRS guidelines. For information on how domestic partner coverage impacts your taxes, visit the **Eligibility page** on myACI-Benefits.com.

Medical, Dental and Vision

Medical Option Name	Coverage Level—Weekly Contribution			
	Team Member Only	Team Member + Spouse[1]	Team Member + Child(ren)	Family[1]
EPO Network/HP-Network Plan[2]	$15.30	$109.00	$39.30	$141.50
HSA Plan	$19.90	$71.80	$41.90	$93.10
PPO Plan	$26.80	$148.10	$65.70	$183.30

[1] Spousal surcharge may apply. Refer to your 2026 Benefits Guide on myACI.albertsons.com > **Benefits Resources** for more information.

[2] If you live in a high-performance network area, you will be enrolled in the EPO HP-Network Plan.

Dental Option Name	Coverage Level—Weekly Contribution			
	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
Delta Dental Basic	$4.86	$10.19	$9.22	$14.56
Delta Dental Enhanced	$8.29	$17.41	$15.75	$24.87

Vision Option Name	Coverage Level—Weekly Contribution			
	Team Member Only	Team Member + Spouse	Team Member + Child(ren)	Family
VSP Standard Vision	$1.32	$2.65	$2.95	$4.71
VSP Premier Vision	$1.84	$3.67	$4.10	$6.54

Tax Savings Accounts

To calculate your weekly contribution amount, take the total contribution for the year and divide by the number of weeks remaining in the year.

Type of Account	Maximum	Weekly Contribution Examples
Health Savings Account (HSA)	Single coverage: $4,400[2] annually Family coverage: $8,750[2] annually	From 01/01/26: $4,300 / 52 weeks = $82.69/week From 07/01/26: $4,300 / 26 weeks = $165.38/week
Healthcare Flexible Spending Account (FSA)[1]	$3,300 annually	From 01/01/26: $3,300 / 52 weeks = $63.46/week From 07/01/26: $3,300 / 26 weeks = $126.92/week
Dependent Day Care Flexible Spending Account (FSA)[3]	$7,500 annually ($3,750 annually if married and filing separate tax returns)	From 01/01/26: $3,600 / 52 weeks = $69.23/week From 07/01/26: $3,600 / 26 weeks = $138.46/week
Commuter Benefits[4]	$325 per month	Contributions for commuter benefits are taken once per month on the last paycheck of the month for the following month.

[1] If you participate in the Healthcare FSA, you cannot contribute to the HSA.

[2] If you are age 55 or older at any time in 2026, you can contribute an additional $1,000 with HSA catch-up contributions.

[3] For highly compensated Team Members earning $160,000 or more in 2025, your contribution limit may be reduced in 2026 based on the results of IRS non-discrimination testing in Q1 2026.

[4] Commuter benefits will not apply to Team Members represented by a labor union unless specified in the terms of the collective bargaining agreement or required by mandate in NJ, NY, DC, San Francisco, CA, and Seattle, WA.

Optional Life Insurance Rates for You and Your Dependents

Optional Life Insurance Rates Per $1,000 of coverage per month		
Age Range	**Self[1]**	**Spouse[2,3]**
< 25	$0.042	$0.049
25 – 29	$0.047	$0.059
30 – 34	$0.061	$0.078
35 – 39	$0.071	$0.092
40 – 44	$0.090	$0.111
45 – 49	$0.139	$0.173
50 – 54	$0.213	$0.274
55 – 59	$0.388	$0.498
60 – 64	$0.524	$0.677
65 – 69	$1.057	$1.297
70 – 74	$1.552	$2.092
75 +	$1.919	$2.818

Example of your cost:

- You are age 33 with an annual base pay of $35,300.
- Eight (8) times annual base pay, increased to the next highest $1,000 = $283,000.
- $283,000 divided by $1,000 = 283 (units of $1,000).
- The rate for your age is $0.061 per $1,000 of coverage.
- 283 x $0.061 = $17.263 monthly contribution.
- $17.263 x 12 = $207.156 / 52 = $3.98 weekly contribution (subject to rounding).

To calculate the optional life insurance cost for your spouse/domestic partner, follow the same steps as shown above but using the coverage amount you wish to elect for your spouse/domestic partner ($10,000 to $500,000 in $10,000 increments) and the rate in the "Spouse" column based on the age of your spouse/domestic partner.

[1] You may elect optional life insurance for yourself, up to eight (8) times your base pay. Evidence of insurability is not required during your initial eligibility period or during the 2026 Open Enrollment period (one-time exception) for elections up to the lesser of three (3) times your base pay or $1,000,000. Evidence of insurability is required for any elections above the lesser of three (3) times your base pay or $1,000,000 during your initial eligibility and for any level increases thereafter.

[2] You may elect optional life insurance for your spouse/domestic partner, up to $500,000. Evidence of insurability is not required during your initial eligibility period or during the 2026 Open Enrollment period (one-time exception) for elections up to $50,000. Evidence of insurability is required for any elections above $50,000 during your initial eligibility and for any level increases thereafter.

[3] You may not cover your spouse/domestic partner as a dependent if your spouse/domestic partner is also a Team Member.

Coverage Amount for Your Child(ren) Up to Age 26	Weekly Contribution to Cover All Eligible Children
$5,000	$0.097
$10,000	$0.194
$15,000	$0.291
$20,000	$0.388

Optional AD&D Insurance Rates for You and Your Dependents

You may elect optional AD&D insurance for yourself, up to the lesser of ten (10) times your base pay or $2,000,000. Family coverage includes coverage for your spouse/domestic partner and/or child(ren). Coverage for family members is a percentage of your coverage.

Optional AD&D Rates Per $1,000 of coverage per month	
Coverage Level	**Rate**
Team Member Only	$0.022
Family	$0.035

Example of your cost:

- Annual base pay of $35,300.
- Eight (8) times annual base pay, increased to the next highest $1,000 = $283,000.
- $283,000 divided by $1,000 = 283 (units of $1,000).
- The rate for Family coverage is $0.035 per $1,000 of coverage.
- 283 x $0.035 = $9.905 monthly contribution.
- $9.905 x 12 / 52 = $2.29 weekly contribution (subject to rounding).

Long-Term Disability (LTD)

You may elect LTD coverage that provides you with a portion of your income if you remain disabled and unable to work after satisfying the 180-day elimination period. You may elect LTD coverage during your initial eligibility period without submitting evidence of insurability. For most full-time new hires, the initial eligibility period ends 30 days following your coverage effective date. Refer to the Benefits Guide for part-time Team Members. If you elect LTD coverage at any time after your initial eligibility period (including during Open Enrollment), evidence of insurability and approval by The Hartford is required.

LTD Rates Rate per $100 base pay	
Age Bands	**Cost**
< 25	$0.107
25 – 29	$0.163
30 – 34	$0.265
35 – 39	$0.299
40 – 44	$0.477
45 – 49	$0.580
50 – 54	$0.928
55 – 59	$0.961
60 – 64	$0.843
65 – 69	$0.751
70 +	$0.751

Example of your cost:

- You are age 33 with an annual base pay of $42,000.
- $42,000 divided by 12 (months) = $3,500.
- $3,500 divided by $100 = 35 (units of $100).
- The rate for your age is $0.265 per $100 base pay.
- 35 x $0.265 = $9.275 monthly premium.
- $9.275 x 12 / 52 = $2.14 weekly contribution (subject to rounding).

Voluntary Plans

Unum provides voluntary benefits that are supplemental to Company-sponsored benefit plans and offer additional coverage in case of a covered hospitalization, accident or critical illness. Benefits for covered events are paid directly to you to help cover the costs of deductibles, copays and living expenses.

Voluntary hospital indemnity insurance helps with the out-of-pocket costs associated with a covered hospital stay, including hospital admission, confinement and intensive care. It provides financial assistance if you are hospitalized due to a covered accident or sickness.

Hospital Indemnity Insurance	Weekly Contribution	
Coverage Level	**Low Option**	**High Option**
Team Member Only	$2.58	$4.31
Team Member + Spouse	$4.74	$8.45
Team Member + Child(ren)	$3.71	$6.01
Family	$5.86	$10.14

Voluntary Plans (continued)

Voluntary accident insurance helps with the out-of-pocket costs that arise when you have a covered accident. Benefits include coverage for emergency room visits, hospital admissions and more.

Accident Insurance	Weekly Contribution
Coverage Level	
Team Member Only	$2.36
Team Member + Spouse	$4.17
Team Member + Child(ren)	$5.34
Family	$7.15

Voluntary critical illness insurance provides cash benefits (unless otherwise assigned) if you're diagnosed with or treated for a covered critical illness such as cancer, heart attack, stroke, end-stage regnal failure or major organ transplant.

Critical Illness Insurance	Weekly Contribution					
Age Bands	**$5,000**	**$10,000**	**$15,000**	**$20,000**	**$25,000**	**$30,000**
< 25	$0.35	$0.69	$1.04	$1.38	$1.73	$2.08
25 – 29	$0.42	$0.83	$1.25	$1.66	$2.08	$2.49
30 – 34	$0.50	$0.99	$1.49	$1.98	$2.48	$2.98
35 – 39	$0.62	$1.25	$1.87	$2.49	$3.12	$3.74
40 – 44	$0.81	$1.62	$2.42	$3.23	$4.04	$4.85
45 – 49	$1.08	$2.17	$3.25	$4.34	$5.42	$6.51
50 – 54	$1.45	$2.91	$4.36	$5.82	$7.27	$8.72
55 – 59	$1.95	$3.90	$5.85	$7.80	$9.75	$11.70
60 – 64	$3.20	$6.39	$9.59	$12.78	$15.98	$19.18
65 – 69	$4.28	$8.56	$12.84	$17.12	$21.40	$25.68
70 – 74	$5.84	$11.68	$17.52	$23.35	$29.19	$35.03
75+	$8.03	$16.06	$24.09	$32.12	$40.15	$48.18

Pet and Auto, Home and Renters Insurance

Albertsons offers access to special discounts on **MetLife Pet Insurance** as well as **Auto, Home and Renters Insurance** through multiple carriers. Contact the carriers directly for quotes. You pay premiums directly to the carriers for these benefits. Premium payment through payroll deduction is not available.

Pet Insurance

MetLife
www.metlife.com/info/albertsons
800-GET-MET8 (438-6388)

Auto, Home and Renters Insurance

Travelers
www.travelers.com/albertsons
888-270-5227
Discount Code: 9765

Liberty Mutual
www.libertymutual/Albertsons
844-240-9405
Client Code: 137434

Farmers
www.farmers.com/groupselect
877-330-6238
Company Code: FTK

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