

Payroll Deductions

You and the company share the cost of your benefits, with Newell Brands paying the majority of the cost for medical benefits. The amount you pay is through payroll deductions. Here's what you'll pay for medical, dental and vision benefits in 2026. For other payroll deductions, see the enrollment worksheet at [WellAtNewell.com](https://www.wellatnewell.com).

Medical rates below assume covered employees and dependents are tobacco-free. In the WellAtNewell site, you will see premiums quoted based on your paycheck frequency with a separate Annual Physical Reward credit.

	Weekly Medical Rates							
	You		You + Spouse/Partner		You + Child(ren)		You + Family	
	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward
Hourly Paid Employees								
Consumer Plus Plan	\$47.54	\$36.00	\$83.54	\$72.00	\$79.85	\$68.31	\$108.23	\$96.69
Consumer Plan	\$32.77	\$21.23	\$52.85	\$41.31	\$50.54	\$39.00	\$67.38	\$55.84
Consumer Value Plan	\$26.31	\$14.77	\$43.38	\$31.84	\$41.31	\$29.77	\$57.00	\$45.46
Salaried Employees with Salary Less Than \$100,000 per Year								
Consumer Plus Plan	\$67.15	\$55.61	\$124.85	\$113.31	\$119.08	\$107.54	\$161.77	\$150.23
Consumer Plan	\$45.46	\$33.92	\$77.31	\$65.77	\$73.62	\$62.08	\$98.31	\$86.77
Consumer Value Plan	\$34.15	\$22.61	\$60.46	\$48.92	\$57.69	\$46.15	\$79.15	\$67.61
Salaried Employees with Salary at \$100,000 or More per Year								
Consumer Plus Plan	\$78.69	\$67.15	\$155.77	\$144.23	\$148.62	\$137.08	\$201.69	\$190.15
Consumer Plan	\$55.38	\$43.84	\$101.77	\$90.23	\$96.92	\$85.38	\$130.15	\$118.61
Consumer Value Plan	\$41.54	\$30.00	\$77.54	\$66.00	\$73.85	\$62.31	\$101.54	\$90.00
Weekly Dental Rates								
Dental Basic PPO Plan	\$4.05		\$7.44		\$8.14		\$12.72	
Dental Plus PPO Plan	\$6.48		\$11.90		\$13.03		\$20.35	
Dental HMO Plan	\$2.13		\$3.91		\$4.28		\$6.69	
Weekly Vision Rates								
Vision Plan	\$1.70		\$2.75		\$2.75		\$4.53	

	Biweekly Medical Rates							
	You		You + Spouse/Partner		You + Child(ren)		You + Family	
	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward
Hourly Paid Employees								
Consumer Plus Plan	\$95.08	\$72.00	\$167.08	\$144.00	\$159.69	\$136.61	\$216.46	\$193.38
Consumer Plan	\$65.54	\$42.46	\$105.69	\$82.61	\$101.08	\$78.00	\$134.77	\$111.69
Consumer Value Plan	\$52.62	\$29.54	\$86.77	\$63.69	\$82.62	\$59.54	\$114.00	\$90.92
Salaried Employees with Salary Less Than \$100,000 per Year								
Consumer Plus Plan	\$134.31	\$111.23	\$249.69	\$226.61	\$238.15	\$215.07	\$323.54	\$300.46
Consumer Plan	\$90.92	\$67.84	\$154.62	\$131.54	\$147.23	\$124.15	\$196.62	\$173.54
Consumer Value Plan	\$68.31	\$45.23	\$120.92	\$97.84	\$115.38	\$92.30	\$158.31	\$135.23
Salaried Employees with Salary at \$100,000 or More per Year								
Consumer Plus Plan	\$157.38	\$134.30	\$311.54	\$288.46	\$297.23	\$274.15	\$403.38	\$380.30
Consumer Plan	\$110.77	\$87.69	\$203.54	\$180.46	\$193.85	\$170.77	\$260.31	\$237.23
Consumer Value Plan	\$83.08	\$60.00	\$155.08	\$132.00	\$147.69	\$124.61	\$203.08	\$180.00
Biweekly Dental Rates								
Dental Basic PPO Plan	\$8.10		\$14.88		\$16.29		\$25.44	
Dental Plus PPO Plan	\$12.96		\$23.81		\$26.05		\$40.69	
Dental HMO Plan	\$4.26		\$7.82		\$8.56		\$13.37	
Biweekly Vision Rates								
Vision Plan	\$3.40		\$5.50		\$5.50		\$9.05	

Payroll Deductions Continued

	Semi-Monthly Medical Rates							
	You		You + Spouse/Partner		You + Child(ren)		You + Family	
	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward	No Reward	Annual Physical Reward
Hourly Paid Employees								
Consumer Plus Plan	\$103.00	\$78.00	\$181.00	\$156.00	\$173.00	\$148.00	\$234.50	\$209.50
Consumer Plan	\$71.00	\$46.00	\$114.50	\$89.50	\$109.00	\$84.50	\$146.00	\$121.00
Consumer Value Plan	\$57.00	\$32.00	\$94.00	\$69.00	\$89.50	\$64.50	\$123.50	\$98.50
Salaried Employees with Salary Less Than \$100,000 per Year								
Consumer Plus Plan	\$145.50	\$120.50	\$270.50	\$245.50	\$258.00	\$233.00	\$350.50	\$325.50
Consumer Plan	\$98.50	\$73.50	\$167.50	\$142.50	\$159.50	\$134.50	\$213.00	\$188.00
Consumer Value Plan	\$74.00	\$49.00	\$131.00	\$106.00	\$125.00	\$100.00	\$171.50	\$146.50
Salaried Employees with Salary at \$100,000 or More per Year								
Consumer Plus Plan	\$170.50	\$145.50	\$337.50	\$312.50	\$322.00	\$297.00	\$437.00	\$412.00
Consumer Plan	\$120.00	\$95.00	\$220.50	\$195.50	\$210.00	\$185.00	\$282.00	\$257.00
Consumer Value Plan	\$90.00	\$65.00	\$168.00	\$143.00	\$160.00	\$135.00	\$220.00	\$195.00
Semi-Monthly Dental Rates								
Dental Basic PPO Plan	\$8.78		\$16.12		\$17.65		\$27.56	
Dental Plus PPO Plan	\$14.04		\$25.79		\$28.23		\$44.09	
Dental HMO Plan	\$4.62		\$8.48		\$9.28		\$14.49	
Semi-Monthly Vision Rates								
Vision Plan	\$3.69		\$5.96		\$5.96		\$9.81	