

SMITH AUTOMOTIVE GROUP
OCTOBER 1, 2025 - SEPTEMBER 30, 2026
SEMI-MONTHLY PAYROLL DEDUCTIONS



HEALTH			
UMR	Silver \$5,000 Ded	Gold \$3,000 Ded	Platinum \$1,000 Ded
Employee Only	\$ 40.00	\$120.00	\$ 220.00
Employee + Spouse	\$500.00	\$600.00	\$ 885.00
Employee + Child(ren)	\$170.00	\$350.00	\$ 630.00
Employee + Family	\$610.00	\$720.00	\$1,060.00

DENTAL		
MUTUAL OF OMAHA	PPO Low	PPO High
Employee Only	\$16.12	\$27.69
Employee + One	\$34.56	\$53.93
Employee + Family	\$55.63	\$89.51

VISION	
MUTUAL OF OMAHA	VISION
Employee Only	\$ 3.41
Employee + Spouse	\$ 6.82
Employee + Child(ren)	\$ 6.99
Employee + Family	\$ 10.41

GAP		
AMERICAN PUBLIC LIFE	Plan 1 \$500/\$500	Plan 2 \$2,000/\$2,000
Employee Only	\$ 7.03	\$20.04
Employee + Spouse	\$17.49	\$49.89
Employee + Child(ren)	\$12.41	\$35.40
Employee + Family	\$21.45	\$61.18

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CRITICAL ILLNESS			
MUTUAL OF OMAHA	EMPLOYEE	SPOUSE	CHILDREN
Age <30	\$ 0.14	\$ 0.14	Included in Adult Rate
Age 30-39	\$ 0.24	\$ 0.24	
Age 40-49	\$ 0.52	\$ 0.52	
Age 50-59	\$ 1.09	\$ 1.09	
Age 60-69	\$ 2.29	\$ 2.29	
Age 70-79	\$ 4.27	\$ 4.27	
Age 80-99	\$ 5.89	\$ 5.89	

HOSPITAL INDEMNITY	
MUTUAL OF OMAHA	HOSPITAL INDEMNITY PLAN
Employee Only	\$ 5.76
Employee + Spouse	\$ 13.24
Employee + Child(ren)	\$ 7.94
Employee + Family	\$ 15.88

ACCIDENT	
MUTUAL OF OMAHA	ACCIDENT PLAN
Employee Only	\$ 6.72
Employee + Spouse	\$ 10.38
Employee + Child(ren)	\$ 13.21
Employee + Family	\$ 18.07