CONTRIBUTIONS

All contributions shown are per pay period (24 pay periods per year).

MEDICAL - PPO	
Employee Only	$124.74
Employee + Spouse*	$323.20
Employee + Child(ren)	$300.52
Employee + Family*	$471.24

MEDICAL - HDHP	
Employee Only	$65.26
Employee + Spouse*	$221.88
Employee + Child(ren)	$203.49
Employee + Family*	$323.91

*Spousal Affidavit Required

DENTAL	
Employee Only	$10.53
Employee + Spouse	$17.30
Employee + Child(ren)	$20.90
Employee + Family	$27.50

VISION	
Employee Only	$3.59
Employee + Spouse	$6.80
Employee + Child(ren)	$7.15
Employee + Family	$10.50

VOLUNTARY LIFE AND AD&D			
AGE	**RATE PER $1,000**	**AGE**	**RATE PER $1,000**
Under 25	$0.058	**55-59**	$0.329
25–29	$0.065	**60-64**	$0.493
30–34	$0.079	**65-69**	$0.928
35-39	$0.086	**70+**	$1.492
40-44	$0.094	**Child Rate**	$0.057
45-49	$0.129		
50-54	$0.186		

CONTRIBUTIONS

All contributions shown are per pay period (24 pay periods per year).

ACCIDENT		CRITICAL ILLNESS		HOSPITAL INDEMNITY	
Employee Only	$4.04	Employee Only	Rate varies based on age and coverage level	Employee Only	$5.27
Employee + Spouse	$7.01	Employee + Spouse		Employee + Spouse	$10.59
Employee + Child(ren)	$9.31	Employee + Child(ren)		Employee + Child(ren)	$8.51
Employee + Family	$12.27	Employee + Family		Employee + Family	$13.83

VOLUNTARY SHORT-TERM DISABILITY			
AGE	RATE PER $10 OF WEEKLY BENEFIT	AGE	RATE PER $10 OF WEEKLY BENEFIT
Under 25	$0.190	55-59	$0.275
25-29	$0.200	60-64	$0.325
30-34	$0.195	65+	$0.360
35-39	$0.175		
40-44	$0.200		
45-49	$0.185		
50-54	$0.220		

VOLUNTARY LONG-TERM DISABILITY			
AGE	RATE PER $100 OF COVERED PAYROLL	AGE	RATE PER $100 OF COVERED PAYROLL
Under 25	$0.080	55-59	$0.610
25-29	$0.100	60-64	$0.735
30-34	$0.120	65+	$0.735
35-39	$0.165		
40-44	$0.230		
45-49	$0.340		
50-54	$0.455		