

Employee Biweekly Contribution Rates

GOLD MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$145.27	\$185.64
EE + spouse	\$256.78	\$369.41
EE + child(ren)	\$211.69	\$308.40
EE + family	\$313.13	\$453.05

BRONZE MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$86.98	\$111.92
EE + spouse	\$127.43	\$193.11
EE + child(ren)	\$111.99	\$164.92
EE + family	\$148.74	\$229.95

DENTAL PLAN		
	DENTAL PPO	DENTAL HMO
EE only	\$6.27	\$3.08
EE + spouse	\$13.05	\$6.42
EE + child(ren)	\$12.01	\$5.92
EE + family	\$21.41	\$10.52

VISION PLAN	
	VISION PLAN
EE only	\$3.07
EE + spouse	\$6.45
EE + child(ren)	\$5.83
EE + family	\$9.21

VOLUNTARY LIFE INSURANCE MONTHLY RATES	
AGE	COST PER \$1,000 OF COVERAGE
< 25	\$0.054
25 – 29	\$0.064
30 – 34	\$0.087
35 – 39	\$0.097
40 – 44	\$0.108
45 – 49	\$0.162
50 – 54	\$0.248
55 – 59	\$0.462
60 – 64	\$0.710
65 – 69	\$1.367
70+*	\$2.217
CHILD(REN)	\$0.065

*Benefits will be reduced by 50% at age 70.

SILVER MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$93.94	\$120.41
EE + spouse	\$137.73	\$212.19
EE + child(ren)	\$119.69	\$179.50
EE + family	\$169.37	\$267.22

KAISER HMO* MEDICAL PLAN		
	GROUP A	GROUP B
EE only	\$142.28	\$185.01
EE + spouse	\$261.06	\$366.52
EE + child(ren)	\$215.45	\$304.93
EE + family	\$326.32	\$449.10

*Residents of certain states may also have a Kaiser HMO option. Confirm plan availability when you enroll.

VOLUNTARY AD&D INSURANCE MONTHLY RATES	
	COST PER \$1,000 OF COVERAGE
EE only	\$0.016
EE + family	\$0.024

LONG-TERM DISABILITY INSURANCE RATES	
	FOR FULL-TIME, EXEMPT (SALARIED) EMPLOYEES
Option A	\$0.406 per \$100 of covered monthly base + commissions, up to a \$15,000 maximum monthly benefit
Option B	\$0.451 per \$100 of covered monthly base + commissions + bonus, up to a \$25,000 maximum monthly benefit

LEGAL ASSISTANCE PLAN	
Coverage for the LegalEASE Legal Assistance Plan is paid for with post-tax payroll deductions at a biweekly rate of \$7.62 or the weekly rate of \$3.81 based on your pay schedule	

IDENTITY THEFT PROTECTION PLAN				
	PRIVACY ARMOR		PRIVACY ARMOR PLUS	
	Weekly	Biweekly	Weekly	Biweekly
Individual	\$1.83	\$3.67	\$2.07	\$4.13
Family	\$3.22	\$6.44	\$3.68	\$7.36