

# Employee Biweekly Contribution Rates

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

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

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

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

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

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

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

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

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

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

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
<b>Individual</b>	Weekly	Biweekly
<b>Family</b>	\$1.83	\$3.67
	\$6.44	\$3.68
		\$7.36

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