

2023 HOURLY WEEKLY BENEFIT DEDUCTIONS

Medical (Pre-Tax) – Tobacco/Smoking-Free Rates*

Annual Base Pay**	Employee Only				Employee + Spouse / DP***				Employee + Child(ren)				Family including Spouse / DP*** and Child(ren)			
	Basic HSA	Plus HSA	OAP	Local+ OAP	Basic HSA	Plus HSA	OAP	Local+ OAP	Basic HSA	Plus HSA	OAP	Local+ OAP	Basic HSA	Plus HSA	OAP	Local+ OAP
Base Pay Level 1 < \$50,000	\$5.77	\$28.15	\$35.77	\$21.46	\$45.23	\$73.38	\$92.77	\$55.62	\$29.54	\$48	\$60.69	\$36.46	\$57.46	\$93.23	\$117.92	\$70.85
Base Pay Level 2 \$50,000 - \$100,000	\$8.77	\$30.46	\$38.54	\$23.08	\$52.85	\$79.62	\$99.69	\$59.77	\$34.62	\$51.69	\$65.08	\$39	\$67.15	\$100.38	\$126.46	\$75.92
Base Pay Level 3 > \$100,000	\$11.08	\$32.31	\$41.08	\$24.69	\$59.31	\$84.46	\$106.38	\$63.92	\$38.77	\$54.92	\$69.46	\$41.77	\$75.23	\$106.85	\$135	\$81

*\$50 additional monthly contribution if you or a covered family member smoke and/or use tobacco. **Annual Base Pay as of 10/1/2022 or as of hire date if mid-year new hire.

***Coverage of domestic partners will be subject to additional costs resulting from taxation of the company-paid benefit (e.g. imputed taxable income).

Dental (Pre-Tax)

Plan Name	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
CIGNA DHMO	\$1.62	\$3.46	\$3.23	\$6
CIGNA Dental PPO Basic	\$3	\$6.69	\$5.77	\$11.08
CIGNA Dental PPO Plus	\$4.15	\$9.46	\$8.54	\$15.69

Vision (Pre-Tax)

Plan Name	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
EyeMed Insight	\$1.36	\$2.58	\$2.70	\$3.97

Supplemental Health Insurance (After-Tax)

Accidental Injury

Tier	Weekly Cost
Employee	\$2.34
Employee + Spouse/DP	\$4.00
Employee + Child(ren)	\$4.07
Family	\$5.49

Hospital Care

Tier	Weekly Cost
Employee	\$2.63
Employee + Spouse/DP	\$6.24
Employee + Child(ren)	\$5.06
Family	\$8.67

Critical Illness

Insurance policy rates are based upon age and coverage level.²

Supplemental Employee and Spouse Life Insurance and AD&D (After-Tax)¹

Employee – Life/AD&D (per \$1,000 of coverage)		Spouse – Life/AD&D (per \$1,000 of coverage)	
Age	Weekly	Age	Weekly
Under 25	\$0.010	Under 25	\$0.014
25-29	\$0.011	25-29	\$0.016
30-34	\$0.012	30-34	\$0.021
35-39	\$0.014	35-39	\$0.023
40-44	\$0.018	40-44	\$0.027
45-49	\$0.026	45-49	\$0.042
50-54	\$0.039	50-54	\$0.065
55-59	\$0.062	55-59	\$0.102
60-64	\$0.080	60-64	\$0.155
65-69	\$0.104	65-69	\$0.296
Over 69	\$0.269	Over 69	\$0.478

Child Life/AD&D (covers all eligible children)¹

\$5000 Coverage	\$0.18 per week
\$10,000 Coverage	\$0.38 per week

¹Actual per pay period premiums may differ slightly due to rounding.

²Critical Illness rates may be found on the SBD Benefits Center website at www.sbdbenefitscenter.com/welcome

Long Term Disability (LTD) - (After-tax)

Basic 40% LTD Benefit is paid by the Company. You can buy supplemental LTD (27%) at \$.398 per \$100 of monthly benefits pay up to a maximum monthly benefit of \$15,000. Benefits pay is calculated and frozen annually, in January, using base pay plus applicable commissions, lump sum merits, and/or bonuses paid or deferred during the prior calendar year. If elected, the Supplemental LTD cost will be deducted from your paycheck on a weekly basis.

ARAG Legal Services - (After-Tax)

Plan Option	Cost
Ultimate Advisor	\$4.47
Ultimate Advisor Plus	\$5.84

Actual costs are listed on the SBD Benefits Center Enrollment Site.