

2023 SALARIED MONTHLY BENEFIT DEDUCTIONS

Medical (Pre-Tax) – Tobacco/Smoking-Free Rates*																
	Employee Only				Employee + Spouse / DP***				Employee + Child(ren)				Family including Spouse / DP*** and Child(ren)			
Annual Base Pay**	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	\$25	\$122	\$155	\$93	\$196	\$318	\$402	\$241	\$128	\$208	\$263	\$158	\$249	\$404	\$511	\$307
Base Pay Level 2 \$50,000 - \$100,000	\$38	\$132	\$167	\$100	\$229	\$345	\$432	\$259	\$150	\$224	\$282	\$169	\$291	\$435	\$548	\$329
Base Pay Level 3 > \$100,000	\$48	\$140	\$178	\$107	\$257	\$366	\$461	\$277	\$168	\$238	\$301	\$181	\$326	\$463	\$585	\$351

*\$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	\$7	\$15	\$14	\$26
CIGNA Dental PPO Basic	\$13	\$29	\$25	\$48
CIGNA Dental PPO Plus	\$18	\$41	\$37	\$68

Vision (Pre-Tax)				
Plan Name	Employee Only	Employee + Spouse/DP	Employee + Child(ren)	Employee + Family
EyeMed Insight	\$5.91	\$11.17	\$11.71	\$17.19

Supplemental Health Insurance (After-Tax)	
Accidental Injury	
Tier	Monthly Cost
Employee	\$10.13
Employee + Spouse/DP	\$17.32
Employee + Child(ren)	\$17.62
Family	\$23.80
Hospital Care	
Tier	Monthly Cost
Employee	\$11.40
Employee + Spouse/DP	\$27.05
Employee + Child(ren)	\$21.93
Family	\$37.59
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	Monthly	Age	Monthly
Under 25	\$0.04	Under 25	\$0.06
25-29	\$0.05	25-29	\$0.07
30-34	\$0.05	30-34	\$0.09
35-39	\$0.06	35-39	\$0.10
40-44	\$0.08	40-44	\$0.12
45-49	\$0.11	45-49	\$0.18
50-54	\$0.17	50-54	\$0.28
55-59	\$0.27	55-59	\$0.44
60-64	\$0.35	60-64	\$0.67
65-69	\$0.45	65-69	\$1.28
Over 69	\$1.17	Over 69	\$2.07

Child Life/AD&D (covers all eligible children)¹	
\$5,000 Coverage	\$0.81 per month
\$10,000 Coverage	\$1.61 per month

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 may buy supplemental LTD (27%) at \$.398 per \$100 of monthly base 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.

ARAG Legal Services - (After-Tax)

Plan Option	Cost	Plan Option	Cost
Ultimate Advisor	\$19.38	Ultimate Advisor Plus	\$25.29

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