

**2024 SALARIED MONTHLY BENEFIT DEDUCTIONS**

<b>Medical (Pre-Tax) – Tobacco/Smoking-Free Rates<sup>1</sup></b>																
	<b>Employee Only</b>				<b>Employee + Spouse / DP<sup>3</sup></b>				<b>Employee + Child(ren)</b>				<b>Family including Spouse/DP<sup>3</sup> and Child(ren)</b>			
<b>Annual Base Pay<sup>2</sup></b>	<b>Basic HSA</b>	<b>Plus HSA</b>	<b>OAP</b>	<b>Local+ OAP</b>	<b>Basic HSA</b>	<b>Plus HSA</b>	<b>OAP</b>	<b>Local+ OAP</b>	<b>Basic HSA</b>	<b>Plus HSA</b>	<b>OAP</b>	<b>Local+ OAP</b>	<b>Basic HSA</b>	<b>Plus HSA</b>	<b>OAP</b>	<b>Local+ OAP</b>
Base Pay Level 1 < \$50,000	\$25	\$126	\$160	\$96	\$202	\$328	\$414	\$248	\$132	\$214	\$271	\$163	\$256	\$416	\$526	\$316
Base Pay Level 2 \$50,000 - \$100,000	\$38	\$136	\$172	\$103	\$236	\$355	\$445	\$267	\$155	\$231	\$290	\$174	\$300	\$448	\$564	\$339
Base Pay Level 3 > \$100,000	\$48	\$144	\$183	\$110	\$265	\$377	\$475	\$285	\$173	\$245	\$310	\$186	\$336	\$477	\$603	\$362

<sup>1</sup>\$50 additional monthly contribution if you or a covered family member smoke and/or use tobacco. <sup>2</sup>Annual Base Pay as of 10/1/2023 or as of hire date if mid-year new hire. <sup>3</sup>Coverage of domestic partners will be subject to additional costs resulting from taxation of the company-paid benefit (e.g., imputed taxable income).

<b>Dental (Pre-Tax)</b>				
<b>Plan Name</b>	<b>Employee Only</b>	<b>Employee + Spouse/DP</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
<b>CIGNA DHMO</b>	\$7	\$15	\$14	\$26
<b>CIGNA Dental PPO Basic</b>	\$13	\$29	\$25	\$48
<b>CIGNA Dental PPO Plus</b>	\$18	\$41	\$37	\$68

<b>Vision (Pre-Tax)</b>				
<b>Plan Name</b>	<b>Employee Only</b>	<b>Employee + Spouse/DP</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
<b>Cigna Vision</b>	\$6.59	\$12.46	\$13.06	\$19.18

<b>Supplemental Health Insurance (After-Tax)</b>	
<b>Accidental Injury</b>	
<b>Tier</b>	<b>Monthly Cost</b>
Employee	\$10.13
Employee + Spouse/DP	\$17.32
Employee + Child(ren)	\$17.62
Family	\$23.80
<b>Hospital Care</b>	
<b>Tier</b>	<b>Monthly Cost</b>
Employee	\$11.40
Employee + Spouse/DP	\$27.05
Employee + Child(ren)	\$21.93
Family	\$37.59
<b>Critical Illness</b>	
Insurance policy rates are based upon age and coverage level. <sup>5</sup>	

<b>Supplemental Employee and Spouse Life Insurance and AD&amp;D (After-Tax)<sup>4</sup></b>			
<b>Employee – Life/AD&amp;D (per \$1,000 of coverage)</b>		<b>Spouse – Life/AD&amp;D (per \$1,000 of coverage)</b>	
<b>Age</b>	<b>Monthly</b>	<b>Age</b>	<b>Monthly</b>
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

<b>Child Life/AD&amp;D (covers all eligible children)<sup>4</sup></b>	
\$15,000 Coverage	\$2.42 per month

<sup>4</sup>Actual per pay period premiums may differ slightly due to rounding. <sup>5</sup>Critical Illness rates may be found on the SBD Benefits Center Enrollment Site at [www.sbdbenefitscenter.com](http://www.sbdbenefitscenter.com)

**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.

**LegalEase Legal Services - (After-Tax)**

<b>Plan Option</b>	<b>Cost</b>
<b>LegalGUARD Gold+</b>	\$15.39

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