

2024 HOURLY WEEKLY BENEFIT DEDUCTIONS

Medical (Pre-Tax) – Tobacco/Smoking-Free Rates¹

| Annual Base Pay ² | Employee Only | | | | Employee + Spouse / DP ³ | | | | Employee + Child(ren) | | | | Family including Spouse / DP ³ 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 | \$29.08 | \$36.92 | \$22.15 | \$46.62 | \$75.69 | \$95.54 | \$57.23 | \$30.46 | \$49.38 | \$62.54 | \$37.62 | \$59.08 | \$96 | \$121.38 | \$72.92 |
| Base Pay Level 2 \$50,000 - \$100,000 | \$8.77 | \$31.38 | \$39.69 | \$23.77 | \$54.46 | \$81.92 | \$102.69 | \$61.62 | \$35.77 | \$53.31 | \$66.92 | \$40.15 | \$69.23 | \$103.38 | \$130.15 | \$78.23 |
| Base Pay Level 3 > \$100,000 | \$11.08 | \$33.23 | \$42.23 | \$25.38 | \$61.15 | \$87 | \$109.62 | \$65.77 | \$39.92 | \$56.54 | \$71.54 | \$42.92 | \$77.54 | \$110.08 | \$139.15 | \$83.54 |

¹ \$50 additional monthly contribution if you or a covered family member smoke and/or use tobacco. ² Annual Base Pay as of 10/1/2023 or as of hire date if mid-year new hire.

³ 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 |
| Cigna Vision | \$1.52 | \$2.88 | \$3.01 | \$4.43 |

| 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. ⁵ | |

| Supplemental Employee and Spouse Life Insurance and AD&D (After-Tax) ⁴ | | | |
|---|---------|--|---------|
| 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) ⁴ | |
|---|-----------------|
| \$15,000 Coverage | \$1.12 per week |

⁴Actual per pay period premiums may differ slightly due to rounding.

⁵Critical Illness rates may be found on the SBD Benefits Center Enrollment Site www.sbdbenefitscenter.com

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.

LegalEase Legal Services - (After-Tax)

| Plan Option | Cost |
|-------------------------|--------|
| LegalGUARD Gold+ | \$3.55 |

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