

# JCPenney 2025 Paycheck Deductions for Puerto Rico Part-Time Associates



The following pages contain the monthly associate contributions for benefits beginning January 1, 2025. Your actual per-paycheck deduction amounts will be based on your pay frequency and the frequency with which deductions are taken.

## Dental

Monthly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus
You Only	\$26.00	\$43.00
You + Spouse	\$60.00	\$92.00
You + Child(ren)	\$55.00	\$84.00
You+ Family	\$85.00	\$133.00

## Vision

Monthly Paycheck Deductions

Coverage Level	Vision
You Only	\$8.92
You + Spouse	\$17.88
You + Child(ren)	\$19.12
You+ Family	\$30.56

## Accident and Hospital Indemnity

Monthly Paycheck Deductions

Coverage Level	Accident	Hospital Indemnity
You Only	\$5.00	\$9.92
You + Spouse	\$9.16	\$21.16
You + Child(ren)	\$10.68	\$19.48
You+ Family	\$13.40	\$30.88

## Term Life and AD&D Insurance

Age	Associate	Spouse/Domestic Partner
	Per \$1,000 of Coverage \$10,000-\$150,00 in \$10,000 Increments	Per \$1,000 of Coverage \$5,000-\$30,000 in \$5,000 Increments**
<25	\$0.049	\$0.090
25-29	\$0.058	\$0.090
30-34	\$0.078	\$0.100
35-39	\$0.088	\$0.117
40-44	\$0.097	\$0.206
45-49	\$0.165	\$0.300
50-54	\$0.251	\$0.486
55-59	\$0.468	\$0.875
60-64	\$0.726	\$1.189
65-69	\$1.229	\$1.635
70-74	\$2.035	\$2.343
75+	\$2.343	\$3.799
<b>Child(ren) \$2,500 up to \$10,000*</b>		<b>\$1.138</b>

\* You must purchase Associate coverage to elect this coverage.

\*\* Cannot exceed associate coverage.

## Legal Service Plan

Monthly Paycheck Deductions

	Coverage
Associate	\$16.48

# Critical Illness

## Monthly Paycheck Deductions

### \$5,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$2.24	\$3.89	\$5.59	\$11.79	\$17.07
You + Spouse	\$3.37	\$5.65	\$8.27	\$19.02	\$29.95
You + Child(ren)	\$2.24	\$3.89	\$5.59	\$11.79	\$17.07
You+ Family	\$3.37	\$5.65	\$8.27	\$19.02	\$29.95

### \$10,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$4.16	\$7.45	\$10.86	\$23.25	\$33.81
You + Spouse	\$6.19	\$10.75	\$16.00	\$37.49	\$59.36
You + Child(ren)	\$4.16	\$7.45	\$10.86	\$23.25	\$33.81
You+ Family	\$6.19	\$10.75	\$16.00	\$37.49	\$59.36

### \$20,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$7.99	\$14.57	\$21.39	\$46.17	\$67.29
You + Spouse	\$11.83	\$20.95	\$31.45	\$74.43	\$118.17
You + Child(ren)	\$7.99	\$14.57	\$21.39	\$46.17	\$67.29
You+ Family	\$11.83	\$20.95	\$31.45	\$74.43	\$118.17

### \$30,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$11.82	\$21.69	\$31.92	\$69.09	\$100.77
You + Spouse	\$17.47	\$31.15	\$46.90	\$111.37	\$176.98
You + Child(ren)	\$11.82	\$21.69	\$31.92	\$69.09	\$100.77
You+ Family	\$17.47	\$31.15	\$46.90	\$111.37	\$176.98

### \$40,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$15.65	\$28.81	\$42.45	\$92.01	\$134.25
You + Spouse	\$23.11	\$41.35	\$62.35	\$148.31	\$235.79
You + Child(ren)	\$15.65	\$28.81	\$42.45	\$92.01	\$134.25
You+ Family	\$23.11	\$41.35	\$62.35	\$148.31	\$235.79

### \$50,000 Coverage

Coverage Level	Age				
	<30	30-39	40-49	50-59	60+
You Only	\$19.48	\$35.93	\$52.98	\$114.93	\$167.73
You + Spouse	\$28.75	\$51.55	\$77.80	\$185.25	\$294.60
You + Child(ren)	\$19.48	\$35.93	\$52.98	\$114.93	\$167.73
You+ Family	\$28.75	\$51.55	\$77.80	\$185.25	\$294.60