



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	DMHO
You Only	\$26.00	\$43.00	\$21.54
You + Spouse	\$60.00	\$92.00	\$47.39
You + Child(ren)	\$55.00	\$84.00	\$43.14
You+ Family	\$85.00	\$133.00	\$68.99

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
Child(ren) \$2,500 up to \$10,000*		\$1.138

* 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