

**2025 SUPPLEMENTAL BENEFIT PLANS
MONTHLY PREMIUM RATES**

DENTAL & VISION INSURANCE					
Provider		Team Member Monthly Premium	Company Monthly Premium	Total Premium	COBRA Premium
Delta Dental - Basic Plan					
1	Team Member Only	\$18.00	\$0.00	\$18.00	\$18.36
2	Team Member & Spouse/DP	\$37.00	\$0.00	\$37.00	\$37.74
2	Team Member & Child(ren)	\$57.00	\$0.00	\$57.00	\$58.14
2	Family	\$75.00	\$0.00	\$75.00	\$76.50
Delta Dental - Premier Plan					
1	Team Member Only	\$42.00	\$0.00	\$42.00	\$42.84
2	Team Member & Spouse/DP	\$85.00	\$0.00	\$85.00	\$86.70
3	Team Member & Child(ren)	\$123.00	\$0.00	\$123.00	\$125.46
4	Family	\$165.00	\$0.00	\$165.00	\$168.30
Vision Service Plan					
1	Team Member Only	\$8.31	\$0.00	\$8.31	\$8.48
2	Team Member & Spouse/DP	\$15.78	\$0.00	\$15.78	\$16.10
3	Team Member & Child(ren)	\$16.60	\$0.00	\$16.60	\$16.93
4	Family	\$24.42	\$0.00	\$24.42	\$24.91

ACCIDENTAL DEATH & DISMEMBERMENT			
Benefit	Single Coverage Cost	Monthly	Family Coverage Monthly Cost **
\$20,000	\$0.40		\$0.50
\$40,000	\$0.80		\$1.00
\$60,000	\$1.20		\$1.50
\$80,000	\$1.60		\$2.00
\$100,000	\$2.00		\$2.50
\$200,000	\$4.00		\$5.00
\$300,000	\$6.00		\$7.50
\$400,000	\$8.00		\$10.00
\$500,000	\$10.00		\$12.50
\$600,000	\$12.00		\$15.00
\$700,000	\$14.00		\$17.50
\$800,000	\$16.00		\$20.00
\$900,000	\$18.00		\$22.50
\$1,000,000	\$20.00		\$25.00

*Team members can only elect up to 10 times their base annual earnings. Reduction of Benefits: 65% at age 70; 45% at age 75; 30%

**Family Benefit: 60% Spouse w/o Children; 50% Spouse w/Children; 10% Children w/Spouse; 15% Children w/o Spouse.

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SUPPLEMENTAL LIFE		
Age	Team Member Cost per \$1,000	Spouse/DP Cost per \$1,000
Less Than 35	\$0.049	\$0.049
35 - 39	\$0.059	\$0.059
40 - 44	\$0.085	\$0.085
45 - 49	\$0.128	\$0.128
50 - 54	\$0.203	\$0.203
55 - 59	\$0.327	\$0.327
60 - 64	\$0.500	\$0.500
65 - 69	\$0.848	\$0.848
70 - 74	\$0.848	\$0.848
75 +	\$2.060	\$2.060

CHILD LIFE	
Coverage	Monthly Cost
\$5,000	\$0.90
\$10,000	\$1.80

CRITICAL ILLNESS		
Age	Team Member Cost per \$1,000	Spouse/DP Cost per \$1,000
Less Than 25	\$0.34	\$0.34
25 - 29	\$0.38	\$0.38
30 - 34	\$0.44	\$0.44
35 - 39	\$0.51	\$0.51
40 - 44	\$0.65	\$0.65
45 - 49	\$0.86	\$0.86
50 - 54	\$1.16	\$1.16
55 - 59	\$1.56	\$1.56
60 - 64	\$2.12	\$2.12
65 - 69	\$3.05	\$3.05
70 - 74	\$2.23	\$2.23
75 - 79	\$3.10	\$3.10
80 - 84	\$4.45	\$4.45
85 +	\$7.13	\$7.13

Child(ren) CI coverage is automatic and 100% of team members election at no additional cost.
Spouse election is 100% of team member. Cost is based on age of TM or spouse as of 1/1/25

SUPPLEMENTAL ACCIDENT PLANS	LOW PLAN	HIGH PLAN
Coverage	Monthly Cost	Monthly Cost
Team Member Only	\$4.11	\$6.75
Team Member & Spouse/DP	\$7.08	\$11.67
Team Member & Child(ren)	\$8.46	\$13.98
Team Member & Family	\$11.43	\$18.90

HOSPITAL INDEMNITY PLAN	
Coverage	Monthly Cost
Team Member Only	\$9.26
Team Member & Spouse/DP	\$17.24
Team Member & Child(ren)	\$13.53
Team Member & Family	\$21.51

GROUP LEGAL/IDENTITY THEFT PROTECTION	
Coverage	Monthly Cost
Team Member & Family	\$18.80

LIFELOCK	
Coverage	Monthly Cost
Team Member Only	\$12.49
Team Member & Family	\$21.48