

2027 Contributions



What Do I need to Do?

Prior to enrolling:

1. Review your benefit materials
2. Have dates of birth and social security numbers for all dependents you want to cover
3. Plan for your enrollment to take approximately 15-20 minutes

Medical	HDHP Classic		HDHP Value		PPO		PPO Value	
	Monthly	Bi Weekly	Monthly	Bi Weekly	Monthly	Bi Weekly	Monthly	Bi Weekly
Employee Only <i>Earnings under \$100,000</i>	\$60.00	\$27.69	\$10.00	\$4.62	\$160.00	\$73.85	\$30.00	\$13.85
Employee Only <i>Earnings over \$100,000</i>	\$80.00	\$36.92	\$15.00	\$6.92	\$190.00	\$87.69	\$40.00	\$18.46
Employee + Spouse	\$393.00	\$181.38	\$207.00	\$95.54	\$595.00	\$274.62	\$289.00	\$133.38
Employee + Child(ren)	\$354.00	\$163.38	\$177.00	\$81.69	\$538.00	\$248.31	\$248.00	\$114.46
Employee + Family	\$613.00	\$282.92	\$383.00	\$176.77	\$850.00	\$392.31	\$465.00	\$214.62

Dental & Vision	MetLife Dental PPO – Basic		MetLife Dental PPO – Premier		EyeMed Vision	
	Monthly	Bi Weekly	Monthly	Bi Weekly	Monthly	Bi Weekly
Employee Only	\$3.31	\$1.53	\$10.70	\$4.94	\$6.84	\$3.16
Employee + Spouse	\$18.72	\$8.64	\$32.93	\$15.20	\$13.01	\$6.00
Employee + Child(ren)	\$20.40	\$9.42	\$40.18	\$18.54	\$13.69	\$6.32
Employee + Family	\$38.98	\$17.99	\$67.86	\$31.32	\$20.12	\$9.29

Voluntary Life and AD&D Insurance Costs

If you elect voluntary coverage, your monthly premium rate is calculated based on your age and the amount of coverage. Use the tables below to estimate the premium amount that will be deducted from your paycheck.

Voluntary Life Insurance

Monthly Rate Per \$1,000 of Coverage

Age	Employee	Spouse*
Under 30	\$0.034	\$0.034
30-34	\$0.045	\$0.045
35-39	\$0.068	\$0.068
40-44	\$0.098	\$0.098
45-49	\$0.140	\$0.140
50-54	\$0.220	\$0.220
55-59	\$0.341	\$0.341
60-64	\$0.458	\$0.458
65-69	\$0.749	\$0.749
70+	\$1.276	\$1.276
Child(ren)	\$0.240	

*Spouse cost based on Employee's age for Voluntary Life

Voluntary AD&D–

Monthly Rate Per \$1,000 of Coverage

Employee & Spouse	\$0.015
Child(ren)	\$0.048

Calculate Your Life Insurance Cost:

1. Desired Coverage (\$1,000 Increments)

You: _____ Spouse: _____

2. Divide Step 1 by 1,000 =

You: _____ Spouse: _____

3. Multiply Step 2 by Rate from Table (if monthly skip step 4) =

You: _____ Spouse: _____

4. Multiply Step 3 by 12 and divide by 26 =

You: _____ Spouse: _____

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

Calculate Your Voluntary AD&D Insurance Cost:

1. Desired Coverage (\$1,000 Increments)

You: _____ Spouse: _____

2. Divide Step 1 by 1,000 =

You: _____ Spouse: _____

3. Multiply Step 2 by Rate from Table (if monthly skip step 4) =

You: _____ Spouse: _____

4. Multiply Step 3 by 12 and divide by 26 =

You: _____ Spouse: _____

5. Add You + Spouse from Step 4:

TOTAL COST PER PAYCHECK:

Other Voluntary Benefits

Accident Insurance

Coverage Type	Monthly Rate	Bi-Weekly Rate
Employee Only	\$6.28	\$2.90
Employee + Spouse	\$12.36	\$5.70
Employee + Child(ren)	\$14.70	\$6.78
Employee + Family	\$17.44	\$8.05

Hospital Indemnity Insurance

Coverage Type	Monthly Rate	Bi-Weekly Rate
Employee Only	\$13.69	\$6.32
Employee + Spouse	\$22.66	\$10.46
Employee + Child(ren)	\$21.94	\$10.13
Employee + Family	\$30.91	\$14.27

Critical Illness Insurance

Monthly Rate Per \$1,000 of Coverage

Age	EE Only	EE + Spouse*	EE + Child(ren)	EE + Family
Under 25	\$0.24	\$0.40	\$0.40	\$0.56
25-29	\$0.27	\$0.45	\$0.43	\$0.60
30-34	\$0.33	\$0.52	\$0.48	\$0.68
35-39	\$0.45	\$0.69	\$0.61	\$0.85
40-44	\$0.60	\$0.91	\$0.76	\$1.07
45-49	\$0.80	\$1.22	\$0.96	\$1.38
50-54	\$1.04	\$1.62	\$1.19	\$1.78
55-59	\$1.37	\$2.19	\$1.53	\$2.35
60-64	\$1.75	\$2.84	\$1.90	\$2.99
65-69	\$2.20	\$3.57	\$2.36	\$3.73
70-74	\$2.89	\$4.66	\$3.04	\$4.82
75+	\$4.07	\$6.43	\$4.23	\$6.59

To Find a monthly, semi monthly or bi-weekly rate:
 Listed Rate X ____ (# of \$1000 of coverage) X 12 months / 26 pay periods

*Spouse cost based on Employee's Age for Critical Illness

Other Voluntary Benefits

Legal Insurance

MetLife Legal Plan	Monthly Rate	Bi-Weekly Rate
Employee Cost	\$15.95	\$7.36

Identity Theft & Fraud Protection Insurance

MetLife Identity & Fraud Protection Plan	Monthly Rate	Bi-Weekly Rate
Employee Only	\$5.55	\$2.56
Employee + Family	\$9.95	\$4.59
MetLife Identity & Fraud Protection Plus Plan	Monthly Rate	Bi-Weekly Rate
Employee Only	\$8.45	\$3.90
Employee + Family	\$13.95	\$6.44

Pet Insurance – includes \$100 monthly Doubtless subsidy

OnePack Plan	Monthly Rate Cat Insurance	Bi-Weekly Rate Cat Insurance	Monthly Rate Dog Insurance	Bi-Weekly Rate Dog Insurance
1 pet	\$0	\$0	\$0	\$0
2 pets	\$4.59	\$2.12	\$38.13	\$17.60
3 pets	\$29.96	\$13.83	\$80.27	\$37.05
4 pets	\$55.33	\$25.54	\$122.41	\$56.50
5 pets	\$80.70	\$37.25	\$164.55	\$75.95
6 pets	\$106.07	\$48.96	\$206.69	\$95.40