2027 COLLEAGUE BENEFIT CONTRIBUTION RATES

Per Pay Period (26 pays per year)

MEDICAL/RX

FULL-TIME

Pay Grades 101 to 106

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$24.51	$50.13	$89.12	$113.62
Medical - PPO	$116.44	$209.33	$261.06	$355.87

Pay Grades 8, 10 & 107 to 110

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$30.10	$55.70	$91.62	$116.96
Medical - PPO	$116.44	$209.33	$261.06	$355.87

Pay Grades 19, 111 to 114, 414

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$46.81	$110.28	$139.24	$202.74
Medical - PPO	$116.44	$209.33	$261.06	$355.87

Pay Grades 115 to 124, 415 to 424, 550, H11 to H15, J11 to J17, L11 to L21 & N11 to N16

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$80.53	$142.89	$212.11	$268.67
Medical - PPO	$116.44	$209.33	$261.06	$355.87

Pay Grades 125 to 130 & 425 to 430

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$90.12	$154.04	$239.95	$295.74
Medical - PPO	$122.01	$215.30	$317.93	$412.65

Pay Grades 131 to 137, 431 to 437 & H18

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$101.26	$165.18	$295.65	$328.61
Medical - PPO	$138.72	$231.61	$340.21	$436.67

Executives & Physicians in Pay Grades 16 to 18

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$101.26	$165.18	$306.79	$363.15
Medical - PPO	$138.72	$231.61	$351.35	$443.35

PART-TIME

Pay Grades 8, 10, 101 to 110

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$60.24	$105.15	$172.71	$216.14
Medical - PPO	$248.23	$448.47	$541.27	$742.69

Pay Grades 16 to 19, 111 to 137, 414 to 437, 550, H11 to H15, J11 to J17, L11 to L21 & N11 to N16

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Medical - HMO	$121.31	$255.86	$346.88	$453.87
Medical - PPO	$248.23	$448.47	$541.27	$742.69

DENTAL

ALL FULL-TIME COLLEAGUES

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Dental - A	$3.57	$5.33	$6.37	$8.27
Dental - B	$7.09	$10.52	$12.72	$16.67
Dental - C	$9.72	$14.58	$17.50	$22.86

ALL PART-TIME COLLEAGUES

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Dental - A	$5.60	$8.38	$10.06	$13.14
Dental - B	$10.90	$16.26	$19.58	$25.65
Dental - C	$14.74	$22.12	$26.58	$34.69

VISION

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
EyeMed	$3.26	$7.06	$6.75	$9.00

RELIANCE MATRIX

Employee Supplemental Life

Voluntary supplemental life insurance plan is available to benefit eligible full time and part time employees in increments of $10,000 to a maximum of $1,000,000. Upon hire, if you elect an amount that exceeds $200,000, you will need to provide Evidence of Insurability (EOI) that is approved by Reliance Matrix before the coverage can become effective. If you choose this benefit at any other time an EOI is required and must be sent to Reliance Matrix for approval. This is a 100% colleague paid plan. Coverage is subject to 35% age reductions at 65, 70, and 75 years of age. You must elect beneficiaries.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Rate/$1,000	$0.06	$0.08	$0.11	$0.16	$0.26	$0.45	$0.70	$0.90	$1.40	$2.50

Spouse Life

If you elect and are approved for supplemental life insurance, you may elect supplemental life coverage for your spouse. Elections may be made in increments of $5,000 to a maximum of $250,000 but may not exceed 50% of your approved supplemental life election. Upon hire, if you elect an amount that exceeds $50,000, you will need to provide Evidence of Insurability (EOI) for your spouse that is approved by Reliance Matrix before the coverage can become effective. If you choose this benefit for your spouse at any other time an EOI is required regardless of the amount which must be sent to Reliance Matrix for approval. This is a 100% colleague paid plan. Coverage is subject to spousal age reductions of 35% at 65, 70, and 75 years of age. You must elect beneficiaries.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Rate/$1,000	$0.06	$0.08	$0.11	$0.16	$0.26	$0.45	$0.70	$0.90	$1.40	$2.50

Child Life

If you elect the supplemental life plan for yourself, you may elect child life coverage for your child(ren) between the ages of 14 days and 26 years. Your elections may be made in increments of $2,000 to a maximum of $10,000 and each child must be enrolled in the same amount of coverage. You must elect beneficiaries. This is a 100% colleague paid plan.

$0.06 per $1,000 of coverage

Critical Illness

Critical Illness coverage is available to benefit eligible full time and part time employees and their spouses in increments of $5,000 to a maximum of $30,000. Dependent children up to age 26 can be enrolled in coverage at 50% of the elected employee benefit at no additional cost. This is a 100% colleague paid plan. Please refer to policy booklet for additional coverage details.

Age	Under 30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Rate/$1,000	$0.34	$0.53	$0.64	$0.77	$1.25	$2.09	$2.91	$4.31	$6.46	$9.87

Calculate Your Cost Per Pay Period

$_____	÷ $1,000 =	_____	x	_____	=	$_____	x 12 =	$_____	÷ 26 =	$_____
Coverage Value		**Units of Coverage**		**Rate/ $1,000**		**Monthly Cost**		**Annual Cost**		**Per Pay Period Cost**

Accident Insurance

Accident Insurance coverage is available to benefit eligible full time and part time colleagues, spouses, and dependent children up to age 26. This benefit provides a range of lump sum payments when a colleague or covered family member are injured in an accident – whether or not they are hospitalized. This is a 100% colleague paid plan. Please refer to policy booklet for additional coverage details.

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Accident Insurance	$4.30	$8.88	$7.24	$11.89

Hospital Idemnity

Hospital Indemnity coverage is available to benefit eligible full time and part time colleagues, spouses, and dependent children up to age 26. This benefit provides a lump sum payment for hospital admission and an additional benefit for every day spent in the hospital. These benefits are paid directly to the insured and may be used for any reason, from deductibles, co-pays, prescriptions to transportation expenses and childcare. This is a 100% colleague paid plan. Please refer to policy booklet for additional coverage details.

PLAN	EE	EE+Ch	EE+Sp	EE+Fam
Hospital Idemnity	$8.48	$12.28	$16.04	$19.72

ALLSTATE IDENTITY THEFT PROTECTION

Protect yourself and your family with comprehensive identity theft, credit, and fraud monitoring through Allstate Identity Theft Pro+ Cyber. Coverage includes three-bureau credit monitoring, financial account monitoring, dark web monitoring, identity restoration support from dedicated specialists, and up to $5 million in reimbursement for eligible identity theft expenses, including up to $1 million for stolen funds reimbursement.

PLAN	EE	EE+Fam
Identity Theft Protection	$3.69	$6.92