



# 2025 Benefits rates

Looking for 2024 Rates? You can find them [here](#).

## Medical plans available in most locations

Premier Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$36.10	\$72.20	-
Associate + spouse/partner	\$182.50	\$218.60	\$254.70
Associate + child(ren)	\$57.80	\$93.90	-
Associate + family	\$214.10	\$250.20	\$286.30

Contribution Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$102.00	\$204.00	-
Associate + spouse/partner	\$345.00	\$447.00	\$549.00
Associate + child(ren)	\$143.80	\$245.80	-
Associate + family	\$369.40	\$471.40	\$573.40

Saver Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$40.30	\$80.60	-
Associate + spouse/partner	\$191.10	\$231.40	\$271.70
Associate + child(ren)	\$63.20	\$103.50	-
Associate + family	\$220.60	\$260.90	\$301.20

## Local plans available in select locations

Banner Local Plan: Arizona	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$28.10	\$56.20	-
Associate + spouse/partner	\$155.70	\$183.80	\$211.90
Associate + child(ren)	\$46.10	\$74.20	-
Associate + family	\$182.50	\$210.60	\$238.70

Mercy Arkansas Local Plan: NW Arkansas	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$55.40	\$110.80	-
Associate + spouse/partner	\$231.30	\$286.70	\$342.10
Associate + child(ren)	\$86.70	\$142.10	-
Associate + family	\$273.60	\$329.00	\$384.40

## HMO plans available in select locations

Health Net ExcelCare High Option: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$67.30	\$134.60	-
Associate + spouse/partner	\$276.00	\$343.30	\$410.60
Associate + child(ren)	\$138.10	\$205.40	-
Associate + family	\$323.10	\$390.40	\$457.70

Health Net ExcelCare Low Option: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$44.00	\$88.00	-
Associate + spouse/partner	\$190.70	\$234.70	\$278.70
Associate + child(ren)	\$87.90	\$131.90	-
Associate + family	\$224.10	\$268.10	\$312.10

Health Net Salud Y Mas: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$62.60	\$125.20	-
Associate + spouse/partner	\$251.90	\$314.50	\$377.10
Associate + child(ren)	\$88.40	\$151.00	-
Associate + family	\$295.20	\$357.80	\$420.40

Kaiser California High Option: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$72.40	\$144.80	-
Associate + spouse/partner	\$298.50	\$370.90	\$443.30
Associate + child(ren)	\$117.40	\$189.80	-
Associate + family	\$353.60	\$426.00	\$498.40

Kaiser California Low Option: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$44.00	\$88.00	-
Associate + spouse/partner	\$169.30	\$213.30	\$257.30
Associate + child(ren)	\$65.30	\$109.30	-
Associate + family	\$192.90	\$236.90	\$280.90

Kaiser of Colorado Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$58.10	\$116.20	-
Associate + spouse/partner	\$219.50	\$277.60	\$335.70
Associate + child(ren)	\$85.10	\$143.20	-
Associate + family	\$252.90	\$311.00	\$369.10

Kaiser of Georgia Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$49.10	\$98.20	-
Associate + spouse/partner	\$216.10	\$265.20	\$314.30
Associate + child(ren)	\$73.20	\$122.30	-
Associate + family	\$253.40	\$302.50	\$351.60

Kaiser of the Mid-Atlantic Low Option: Maryland	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$71.50	\$143.00	-
Associate + spouse/partner	\$228.00	\$299.50	\$371.00
Associate + child(ren)	\$96.90	\$168.40	-
Associate + family	\$271.80	\$343.30	\$414.80

## HMO plans (cont.)

Kaiser of Oregon High Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$72.80	\$145.60	-
Associate + spouse/partner	\$286.10	\$358.90	\$431.70
Associate + child(ren)	\$106.70	\$179.50	-
Associate + family	\$344.00	\$416.80	\$489.60

Kaiser of Oregon Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$56.70	\$113.40	-
Associate + spouse/partner	\$215.60	\$272.30	\$329.00
Associate + child(ren)	\$79.20	\$135.90	-
Associate + family	\$258.80	\$315.50	\$372.20

Kaiser of Washington state	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$32.00	\$64.00	-
Associate + spouse/partner	\$154.00	\$186.00	\$218.00
Associate + child(ren)	\$48.30	\$80.30	-
Associate + family	\$185.00	\$217.00	\$249.00

## Plans for U.S.-based Global Tech associates

Available in select locations.

### PPO Plan

PPO Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$52.40	\$104.80	-
Associate + spouse/partner	\$228.40	\$280.80	\$333.20
Associate + child(ren)	\$88.90	\$141.30	-
Associate + family	\$264.80	\$317.20	\$369.60

### HMO Plan

Kaiser California: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$46.70	\$93.40	-
Associate + spouse/partner	\$200.50	\$247.20	\$293.90
Associate + child(ren)	\$78.60	\$125.30	-
Associate + family	\$232.30	\$279.00	\$325.70

## Hawaii plans

HMSA Hawaii	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$63.20	\$126.40	–
Associate + spouse/partner	\$310.60	\$373.80	\$437.00
Associate + child(ren)	\$150.10	\$213.30	–
Associate + family	\$364.30	\$427.50	\$490.70

Kaiser Hawaii	Maximum cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$55.70	\$111.40	–
Associate + spouse/partner	\$326.70	\$382.40	\$438.10
Associate + child(ren)	\$145.10	\$200.80	–
Associate + family	\$381.10	\$436.80	\$492.50

## Vision and dental plans

### Vision

Cost per biweekly pay period	
Coverage	Rate
Associate only	\$2.76
Associate + spouse/partner	\$5.52
Associate + child(ren)	\$5.52
Associate + family	\$8.26

Note: If you have an HMO medical plan available, the HMO may offer its own vision coverage, so consider whether those benefits meet your needs before you make your enrollment decision.

### Dental

Cost per biweekly pay period	
Coverage	Rate
Associate only	\$8.30
Associate + spouse/partner	\$20.00
Associate + child(ren)	\$19.40
Associate + family	\$33.90

# Income protections and extra insurance

## Optional associate life insurance

Cost per biweekly pay period										
Associate's age	All eligible associates						Management/truck drivers only			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300,000	\$500,000	\$750,000	\$1,000,000
under 25	\$0.36	\$0.71	\$1.07	\$1.43	\$2.14	\$2.85	\$4.28	\$7.13	\$10.70	\$14.27
	\$0.39	\$0.78	\$1.17	\$1.56	\$2.35	\$3.13	\$4.69	\$7.82	\$11.74	\$15.65
25-29	\$0.39	\$0.78	\$1.17	\$1.56	\$2.35	\$3.13	\$4.69	\$7.82	\$11.74	\$15.65
	\$0.43	\$0.85	\$1.28	\$1.70	\$2.55	\$3.41	\$5.11	\$8.52	\$12.77	\$17.03
30-34	\$0.53	\$1.06	\$1.59	\$2.12	\$3.18	\$4.23	\$6.35	\$10.59	\$15.88	\$21.17
	\$0.60	\$1.20	\$1.80	\$2.39	\$3.59	\$4.79	\$7.18	\$11.97	\$17.95	\$23.93
35-39	\$0.64	\$1.29	\$1.93	\$2.58	\$3.87	\$5.16	\$7.73	\$12.89	\$19.33	\$25.78
	\$0.72	\$1.45	\$2.17	\$2.90	\$4.35	\$5.80	\$8.70	\$14.50	\$21.75	\$29.00
40-44	\$0.74	\$1.47	\$2.21	\$2.95	\$4.42	\$5.89	\$8.84	\$14.73	\$22.09	\$29.46
	\$0.84	\$1.68	\$2.52	\$3.36	\$5.04	\$6.72	\$10.08	\$16.80	\$25.20	\$33.60
45-49	\$1.14	\$2.28	\$3.42	\$4.56	\$6.84	\$9.11	\$13.67	\$22.78	\$34.18	\$45.57
	\$1.29	\$2.58	\$3.87	\$5.16	\$7.73	\$10.31	\$15.47	\$25.78	\$38.66	\$51.55
50-54	\$1.73	\$3.45	\$5.18	\$6.90	\$10.36	\$13.81	\$20.71	\$34.52	\$51.78	\$69.04
	\$1.98	\$3.96	\$5.94	\$7.92	\$11.88	\$15.83	\$23.75	\$39.58	\$59.38	\$79.17
55-59	\$3.21	\$6.42	\$9.63	\$12.84	\$19.26	\$25.68	\$38.52	\$64.21	\$96.31	\$128.42
	\$3.67	\$7.34	\$11.01	\$14.68	\$22.02	\$29.37	\$44.05	\$73.41	\$110.12	\$146.83
60-64	\$4.78	\$9.55	\$14.33	\$19.10	\$28.65	\$38.20	\$57.30	\$95.51	\$143.26	\$191.01
	\$5.45	\$10.91	\$16.36	\$21.82	\$32.73	\$43.63	\$65.45	\$109.08	\$163.63	\$218.17
65-69	\$8.94	\$17.88	\$26.82	\$35.76	\$53.64	\$71.53	\$107.29	\$178.82	\$268.22	\$357.63
	\$11.93	\$23.87	\$35.80	\$47.73	\$71.60	\$95.46	\$143.19	\$238.65	\$357.98	\$477.30
70+	\$13.90	\$27.80	\$41.70	\$55.60	\$83.40	\$111.20	\$166.80	\$278.01	\$417.01	\$556.01
	\$18.54	\$37.08	\$55.61	\$74.15	\$111.23	\$148.30	\$222.45	\$370.75	\$556.13	\$741.50

Tobacco-free user
  Tobacco user
  Tobacco-free user
  Tobacco user

## Optional spouse/partner life insurance\*

Cost per biweekly pay period								
Associate's age	\$5,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000
under 25	\$0.18	\$0.54	\$0.90	\$1.80	\$2.69	\$3.59	\$5.39	\$7.18
	\$0.21	\$0.62	\$1.04	\$2.07	\$3.11	\$4.14	\$6.21	\$8.28
25-29	\$0.21	\$0.64	\$1.07	\$2.14	\$3.21	\$4.28	\$6.42	\$8.56
	\$0.24	\$0.71	\$1.19	\$2.37	\$3.56	\$4.74	\$7.11	\$9.48
30-34	\$0.29	\$0.86	\$1.43	\$2.85	\$4.28	\$5.71	\$8.56	\$11.41
	\$0.32	\$0.95	\$1.59	\$3.18	\$4.76	\$6.35	\$9.53	\$12.70
35-39	\$0.32	\$0.96	\$1.60	\$3.20	\$4.80	\$6.40	\$9.60	\$12.80
	\$0.35	\$1.06	\$1.77	\$3.54	\$5.32	\$7.09	\$10.63	\$14.18
40-44	\$0.35	\$1.06	\$1.77	\$3.54	\$5.32	\$7.09	\$10.63	\$14.18
	\$0.40	\$1.19	\$1.98	\$3.96	\$5.94	\$7.92	\$11.88	\$15.83
45-49	\$0.53	\$1.59	\$2.66	\$5.32	\$7.97	\$10.63	\$15.95	\$21.26
	\$0.62	\$1.85	\$3.08	\$6.17	\$9.25	\$12.34	\$18.50	\$24.67
50-54	\$0.82	\$2.45	\$4.08	\$8.17	\$12.25	\$16.34	\$24.51	\$32.68
	\$0.95	\$2.84	\$4.74	\$9.48	\$14.22	\$18.96	\$28.44	\$37.93
55-59	\$1.53	\$4.58	\$7.63	\$15.26	\$22.89	\$30.52	\$45.77	\$61.03
	\$1.85	\$5.55	\$9.25	\$18.50	\$27.75	\$37.01	\$55.51	\$74.01
60-64	\$2.34	\$7.03	\$11.71	\$23.43	\$35.14	\$46.86	\$70.28	\$93.71
	\$2.96	\$8.87	\$14.79	\$29.57	\$44.36	\$59.15	\$88.72	\$118.29
65-69	\$4.51	\$13.53	\$22.54	\$45.08	\$67.63	\$90.17	\$135.25	\$180.34
	\$5.92	\$17.76	\$29.60	\$59.19	\$88.79	\$118.38	\$177.57	\$236.76
70+	\$7.31	\$21.94	\$36.57	\$73.14	\$109.71	\$146.28	\$219.41	\$292.55
	\$9.60	\$28.81	\$48.02	\$96.04	\$144.05	\$192.07	\$288.11	\$384.14

Tobacco-free user     Tobacco user

\*Spouse/partner life insurance is based on associate's age.

## Optional dependent life insurance – child(ren)

Cost per biweekly pay period	
Coverage	Rate
\$5,000 per dependent	\$0.33
\$10,000 per dependent	\$0.66
\$20,000 per dependent	\$1.32

## Critical illness

Cost per biweekly pay period*				
Associate only				
Associate's age	\$5,000	\$10,000	\$15,000	\$20,000
under 25	\$0.40	\$0.80	\$1.18	\$1.58
	\$0.58	\$1.16	\$1.74	\$2.32
25-29	\$0.40	\$0.80	\$1.18	\$1.58
	\$0.58	\$1.16	\$1.74	\$2.32
30-34	\$0.40	\$0.80	\$1.18	\$1.58
	\$0.58	\$1.16	\$1.74	\$2.32
35-39	\$0.52	\$1.02	\$1.54	\$2.04
	\$0.68	\$1.34	\$2.02	\$2.68
40-44	\$0.80	\$1.58	\$2.36	\$3.14
	\$1.06	\$2.14	\$3.20	\$4.26
45-49	\$1.26	\$2.50	\$3.74	\$5.00
	\$1.72	\$3.42	\$5.14	\$6.84
50-54	\$2.08	\$4.16	\$6.24	\$8.32
	\$2.82	\$5.64	\$8.46	\$11.26
55-59	\$2.76	\$5.50	\$8.24	\$11.00
	\$3.72	\$7.44	\$11.16	\$14.86
60-64	\$3.52	\$7.02	\$10.54	\$14.04
	\$4.80	\$9.60	\$14.40	\$19.20
65-69	\$4.18	\$8.36	\$12.54	\$16.72
	\$5.74	\$11.46	\$17.18	\$22.90
70+	\$5.56	\$11.14	\$16.70	\$22.26
	\$7.60	\$15.20	\$22.78	\$30.38

Tobacco-free user     Tobacco user

\*If you are enrolled in the Saver Plan, your rates will be slightly lower because you are not eligible for the major organ transplant rider.

## Critical illness

Cost per biweekly pay period*				
Associate + spouse/partner				
Associate's age	\$5,000	\$10,000	\$15,000	\$20,000
under 25	\$0.86	\$1.72	\$2.56	\$3.42
	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.06	\$2.14	\$3.20	\$4.26
	\$1.26	\$2.50	\$3.74	\$5.00
25-29	\$0.86	\$1.72	\$2.56	\$3.42
	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.06	\$2.14	\$3.20	\$4.26
	\$1.26	\$2.50	\$3.74	\$5.00
30-34	\$0.86	\$1.72	\$2.56	\$3.42
	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.06	\$2.14	\$3.20	\$4.26
	\$1.26	\$2.50	\$3.74	\$5.00
35-39	\$1.12	\$2.22	\$3.34	\$4.44
	\$1.28	\$2.54	\$3.82	\$5.08
	\$1.32	\$2.64	\$3.96	\$5.26
	\$1.48	\$2.96	\$4.44	\$5.92
40-44	\$1.74	\$3.46	\$5.20	\$6.94
	\$2.02	\$4.02	\$6.04	\$8.04
	\$2.06	\$4.12	\$6.16	\$8.22
	\$2.34	\$4.66	\$7.00	\$9.34
45-49	\$2.76	\$5.50	\$8.24	\$11.00
	\$3.22	\$6.42	\$9.64	\$12.84
	\$3.34	\$6.66	\$9.98	\$13.30
	\$3.80	\$7.58	\$11.36	\$15.14
50-54	\$4.64	\$9.28	\$13.92	\$18.56
	\$5.38	\$10.76	\$16.14	\$21.52
	\$5.56	\$11.14	\$16.70	\$22.26
	\$6.30	\$12.60	\$18.90	\$25.20
55-59	\$6.22	\$12.42	\$18.64	\$24.84
	\$7.18	\$14.36	\$21.54	\$28.72
	\$7.44	\$14.86	\$22.30	\$29.74
	\$8.40	\$16.80	\$25.20	\$33.60
60-64	\$7.94	\$15.88	\$23.82	\$31.76
	\$9.24	\$18.46	\$27.70	\$36.94
	\$9.58	\$19.16	\$28.74	\$38.32
	\$10.88	\$21.74	\$32.62	\$43.48
65-69	\$9.44	\$18.88	\$28.32	\$37.76
	\$11.00	\$21.98	\$32.96	\$43.94
	\$11.40	\$22.80	\$34.20	\$45.60
	\$12.96	\$25.90	\$38.84	\$51.80
70+	\$12.58	\$25.16	\$37.74	\$50.32
	\$14.62	\$29.22	\$43.84	\$58.44
	\$15.16	\$30.34	\$45.50	\$60.66
	\$17.20	\$34.40	\$51.58	\$68.78

Tobacco-free users
  One tobacco user (associate)
  One tobacco user (spouse/partner)
  Two tobacco users

\*If you are enrolled in the Saver Plan, your rates will be slightly lower because you are not eligible for the major organ transplant rider.



## Critical illness

Cost per biweekly pay period*				
Associate + dependent child(ren)				
Associate's age	\$5,000	\$10,000	\$15,000	\$20,000
under 25	\$0.58	\$1.16	\$1.74	\$2.32
	\$0.76	\$1.54	\$2.30	\$3.06
25-29	\$0.58	\$1.16	\$1.74	\$2.32
	\$0.76	\$1.54	\$2.30	\$3.06
30-34	\$0.58	\$1.16	\$1.74	\$2.32
	\$0.76	\$1.54	\$2.30	\$3.06
35-39	\$0.70	\$1.40	\$2.08	\$2.78
	\$0.86	\$1.72	\$2.56	\$3.42
40-44	\$0.98	\$1.94	\$2.92	\$3.88
	\$1.26	\$2.50	\$3.74	\$5.00
45-49	\$1.44	\$2.86	\$4.30	\$5.74
	\$1.90	\$3.80	\$5.68	\$7.58
50-54	\$2.26	\$4.54	\$6.80	\$9.06
	\$3.00	\$6.00	\$9.00	\$12.00
55-59	\$2.94	\$5.86	\$8.80	\$11.74
	\$3.90	\$7.80	\$11.70	\$15.60
60-64	\$3.70	\$7.40	\$11.08	\$14.78
	\$5.00	\$9.98	\$14.96	\$19.94
65-69	\$4.36	\$8.74	\$13.10	\$17.46
	\$5.92	\$11.82	\$17.74	\$23.64
70+	\$5.76	\$11.50	\$17.24	\$23.00
	\$7.78	\$15.56	\$23.34	\$31.12

Tobacco-free user     Tobacco user

\*If you are enrolled in the Saver Plan, your rates will be slightly lower because you are not eligible for the major organ transplant rider.

## Critical illness

Cost per biweekly pay period*				
Associate + family				
Associate's age	\$5,000	\$10,000	\$15,000	\$20,000
under 25	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.24	\$2.46	\$3.68	\$4.90
	\$1.26	\$2.50	\$3.74	\$5.00
	\$1.44	\$2.86	\$4.30	\$5.74
25-29	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.24	\$2.46	\$3.68	\$4.90
	\$1.26	\$2.50	\$3.74	\$5.00
	\$1.44	\$2.86	\$4.30	\$5.74
30-34	\$1.04	\$2.08	\$3.12	\$4.16
	\$1.24	\$2.46	\$3.68	\$4.90
	\$1.26	\$2.50	\$3.74	\$5.00
	\$1.44	\$2.86	\$4.30	\$5.74
35-39	\$1.30	\$2.60	\$3.88	\$5.18
	\$1.46	\$2.92	\$4.36	\$5.82
	\$1.50	\$3.00	\$4.50	\$6.00
	\$1.66	\$3.34	\$5.00	\$6.66
40-44	\$1.92	\$3.84	\$5.76	\$7.66
	\$2.20	\$4.40	\$6.58	\$8.78
	\$2.24	\$4.48	\$6.72	\$8.96
	\$2.52	\$5.04	\$7.56	\$10.06
45-49	\$2.94	\$5.86	\$8.80	\$11.74
	\$3.40	\$6.80	\$10.18	\$13.58
	\$3.52	\$7.02	\$10.54	\$14.04
	\$3.98	\$7.94	\$11.92	\$15.88
50-54	\$4.84	\$9.66	\$14.48	\$19.30
	\$5.56	\$11.14	\$16.70	\$22.26
	\$5.76	\$11.50	\$17.24	\$23.00
	\$6.50	\$12.98	\$19.46	\$25.94
55-59	\$6.40	\$12.80	\$19.18	\$25.58
	\$7.36	\$14.74	\$22.10	\$29.46
	\$7.62	\$15.24	\$22.86	\$30.46
	\$8.60	\$17.18	\$25.76	\$34.34
60-64	\$8.14	\$16.26	\$24.38	\$32.50
	\$9.42	\$18.84	\$28.26	\$37.66
	\$9.76	\$19.54	\$29.30	\$39.06
	\$11.06	\$22.12	\$33.16	\$44.22
65-69	\$9.64	\$19.26	\$28.88	\$38.50
	\$11.18	\$22.34	\$33.52	\$44.68
	\$11.60	\$23.18	\$34.76	\$46.34
	\$13.14	\$26.26	\$39.40	\$52.54
70+	\$12.76	\$25.54	\$38.30	\$51.06
	\$14.80	\$29.60	\$44.38	\$59.18
	\$15.36	\$30.70	\$46.04	\$61.40
	\$17.38	\$34.76	\$52.14	\$69.52

Tobacco-free users
  One tobacco user (associate)
  One tobacco user (spouse/partner)
  Two tobacco users

\*If you are enrolled in the Saver Plan, your rates will be slightly lower because you are not eligible for the major organ transplant rider.

## Accidental death and dismemberment insurance (AD&D)

Cost per biweekly pay period										
Coverage	All eligible associates						Management and FT drivers only			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300k	\$500k	\$750k	\$1M
Associate only	\$0.18	\$0.37	\$0.55	\$0.74	\$1.10	\$1.47	\$2.21	\$3.68	\$5.52	\$7.36
Associate + dependent(s)	\$0.37	\$0.74	\$1.10	\$1.47	\$2.21	\$2.95	\$4.42	\$7.36	\$11.05	\$14.73

## Accident insurance

Cost per biweekly pay period	
Coverage	Rate
Associate only	\$0.68
Associate + spouse/partner	\$1.28
Associate + child(ren)	\$1.34
Associate + family	\$1.80

## Short-term disability enhanced insurance

Cost per biweekly pay period*								
Age	Rate	CO only rate	CT only rate	DC only rate	MA only rate	NY only rate	OR only rate	WA only rate
under 25	\$0.15	\$0.05	\$0.07	\$0.08	\$0.03	\$0.33	\$0.05	\$0.05
25-29	\$0.15	\$0.05	\$0.07	\$0.08	\$0.03	\$0.43	\$0.05	\$0.05
30-34	\$0.15	\$0.05	\$0.07	\$0.08	\$0.03	\$0.46	\$0.05	\$0.05
35-39	\$0.15	\$0.05	\$0.07	\$0.08	\$0.03	\$0.51	\$0.05	\$0.05
40-44	\$0.16	\$0.05	\$0.07	\$0.09	\$0.03	\$0.43	\$0.05	\$0.05
45-49	\$0.19	\$0.06	\$0.09	\$0.10	\$0.03	\$0.43	\$0.06	\$0.06
50-54	\$0.24	\$0.07	\$0.11	\$0.13	\$0.04	\$0.63	\$0.08	\$0.08
55-59	\$0.28	\$0.08	\$0.13	\$0.15	\$0.05	\$0.72	\$0.09	\$0.09
60-64	\$0.34	\$0.10	\$0.15	\$0.18	\$0.06	\$1.04	\$0.10	\$0.11
65-69	\$0.42	\$0.12	\$0.19	\$0.22	\$0.07	\$1.50	\$0.13	\$0.14
70+	\$0.53	\$0.16	\$0.24	\$0.28	\$0.09	\$1.51	\$0.16	\$0.17

\*Disability costs are based on your age and earnings. To find your cost, divide your pretax earnings by 100 and multiply by the rate above.

## Long-term and long-term enhanced disability insurance

Cost per biweekly pay period*		
Age	LTD rate	LTD enhanced rate
under 25	\$0.05	\$0.08
25-29	\$0.09	\$0.14
30-34	\$0.13	\$0.21
35-39	\$0.25	\$0.37
40-44	\$0.37	\$0.57
45-49	\$0.56	\$0.85
50-54	\$0.80	\$1.17
55-59	\$0.95	\$1.37
60-64	\$1.02	\$1.54
65-69	\$0.91	\$1.40
70+	\$0.89	\$1.36

## Truck driver long-term disability insurance

Cost per biweekly pay period*		
Plan duration option	Driver LTD rate**	Driver LTD enhanced rate**
Five-year duration coverage	\$1.73	\$2.59
Full-duration coverage	\$2.34	\$3.52

\*Disability costs are based on your age and earnings. To find your cost, divide your pretax earnings by 100 and multiply by the rate above.

\*\*Truck driver LTD coverage premiums are based on earnings and the type of truck driver LTD coverage.

