



2023 Benefits rates

Medical plans available in most locations

Premier Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$33.00	\$66.00	-
Associate + spouse/partner	\$167.00	\$200.00	\$233.00
Associate + child(ren)	\$52.90	\$85.90	-
Associate + family	\$195.90	\$228.90	\$261.90

Contribution Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$93.30	\$186.60	-
Associate + spouse/partner	\$315.60	\$408.90	\$502.20
Associate + child(ren)	\$131.60	\$224.90	-
Associate + family	\$338.00	\$431.30	\$524.60

Saver Plan	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$36.80	\$73.60	-
Associate + spouse/partner	\$174.80	\$211.60	\$248.40
Associate + child(ren)	\$57.80	\$94.60	-
Associate + family	\$201.80	\$238.60	\$275.40

Local Plans available in select locations

Banner: Arizona	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$26.90	\$53.80	-
Associate + spouse/partner	\$148.90	\$175.80	\$202.70
Associate + child(ren)	\$44.10	\$71.00	-
Associate + family	\$174.50	\$201.40	\$228.30

Mercy Arkansas: NW Arkansas	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$53.00	\$106.00	-
Associate + spouse/partner	\$221.20	\$274.20	\$327.20
Associate + child(ren)	\$82.90	\$135.90	-
Associate + family	\$261.60	\$314.60	\$367.60

HMO Plans available in select locations

Geisinger Extra Health Plan: Pennsylvania Geisinger Extra Health Plan: eastern region Pennsylvania Geisinger Health Plan: Pennsylvania Geisinger Health Plan: eastern region Pennsylvania	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$80.60	\$161.20	-
Associate + spouse/partner	\$289.20	\$369.80	\$450.40
Associate + child(ren)	\$120.10	\$200.70	-
Associate + family	\$354.60	\$435.20	\$515.80

Health Net ExcelCare High Option: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$59.70	\$119.40	-
Associate + spouse/partner	\$244.80	\$304.50	\$364.20
Associate + child(ren)	\$122.50	\$182.20	-
Associate + family	\$286.60	\$346.30	\$406.00

Health Net ExcelCare Low Option: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$39.00	\$78.00	-
Associate + spouse/partner	\$169.20	\$208.20	\$247.20
Associate + child(ren)	\$77.90	\$116.90	-
Associate + family	\$198.70	\$237.70	\$276.70

Health Net Salud Y Mas: California	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$56.30	\$112.60	-
Associate + spouse/partner	\$226.70	\$283.00	\$339.30
Associate + child(ren)	\$79.60	\$135.90	-
Associate + family	\$265.70	\$322.00	\$378.30

Kaiser California High Option: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$60.40	\$120.80	-
Associate + spouse/partner	\$249.00	\$309.40	\$369.80
Associate + child(ren)	\$97.90	\$158.30	-
Associate + family	\$295.00	\$355.40	\$415.80

Kaiser California Low Option: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$36.70	\$73.40	-
Associate + spouse/partner	\$141.30	\$178.00	\$214.70
Associate + child(ren)	\$54.50	\$91.20	-
Associate + family	\$160.90	\$197.60	\$234.30

Kaiser of Colorado Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$47.90	\$95.80	-
Associate + spouse/partner	\$181.00	\$228.90	\$276.80
Associate + child(ren)	\$70.20	\$118.10	-
Associate + family	\$208.40	\$256.30	\$304.20

Kaiser of Georgia Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$45.30	\$90.60	-
Associate + spouse/partner	\$199.50	\$244.80	\$290.10
Associate + child(ren)	\$67.60	\$112.90	-
Associate + family	\$234.00	\$279.30	\$324.60

HMO Plans (cont.)

Kaiser of the Mid-Atlantic Low Option: Maryland	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$63.80	\$127.60	-
Associate + spouse/partner	\$203.40	\$267.20	\$331.00
Associate + child(ren)	\$86.40	\$150.20	-
Associate + family	\$242.50	\$306.30	\$370.10

Kaiser of Oregon High Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$65.90	\$131.80	-
Associate + spouse/partner	\$259.20	\$325.10	\$391.00
Associate + child(ren)	\$96.60	\$162.50	-
Associate + family	\$311.60	\$377.50	\$443.40

Kaiser of Oregon Low Option	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$51.40	\$102.80	-
Associate + spouse/partner	\$195.30	\$246.70	\$298.10
Associate + child(ren)	\$71.70	\$123.10	-
Associate + family	\$234.50	\$285.90	\$337.30

Kaiser of Washington state	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$29.50	\$59.00	-
Associate + spouse/partner	\$141.70	\$171.20	\$200.70
Associate + child(ren)	\$44.50	\$74.00	-
Associate + family	\$170.30	\$199.80	\$229.30

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	\$40.70	\$81.40	-
Associate + spouse/partner	\$177.20	\$217.90	\$258.60
Associate + child(ren)	\$69.00	\$109.70	-
Associate + family	\$205.50	\$246.20	\$286.90

HMO Plans

Kaiser of Oregon	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$35.60	\$71.20	-
Associate + spouse/partner	\$153.80	\$189.40	\$225.00
Associate + child(ren)	\$60.30	\$95.90	-
Associate + family	\$178.40	\$214.00	\$249.60

Kaiser California: North and South	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$35.00	\$70.00	-
Associate + spouse/partner	\$150.50	\$185.50	\$220.50
Associate + child(ren)	\$59.00	\$94.00	-
Associate + family	\$174.40	\$209.40	\$244.40

Hawaii Plans

HMSA Hawaii	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$59.20	\$118.40	—
Associate + spouse/partner	\$290.90	\$350.10	\$409.30
Associate + child(ren)	\$140.60	\$199.80	—
Associate + family	\$341.20	\$400.40	\$459.60

Kaiser Hawaii	Cost per biweekly pay period		
	Tobacco-free	One tobacco user	Two tobacco users
Associate only	\$54.60	\$109.20	—
Associate + spouse/partner	\$284.80	\$339.40	\$394.00
Associate + child(ren)	\$126.50	\$181.10	—
Associate + family	\$332.30	\$386.90	\$441.50

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 only			
	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$300k	\$500k	\$750k	\$1M
Associate only	\$0.16	\$0.32	\$0.48	\$0.64	\$0.97	\$1.29	\$1.93	\$3.22	\$4.83	\$6.44
Associate + family	\$0.31	\$0.62	\$0.93	\$1.24	\$1.86	\$2.49	\$3.73	\$6.21	\$9.32	\$12.43

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	CT only rate	DC only rate	MA only rate	NY only rate	WA only rate
under 25	\$0.19	\$0.10	\$0.10	\$0.03	\$0.33	\$0.06
25-29	\$0.19	\$0.10	\$0.10	\$0.03	\$0.43	\$0.06
30-34	\$0.19	\$0.10	\$0.10	\$0.03	\$0.46	\$0.06
35-39	\$0.19	\$0.10	\$0.10	\$0.03	\$0.51	\$0.06
40-44	\$0.20	\$0.11	\$0.11	\$0.03	\$0.43	\$0.07
45-49	\$0.24	\$0.13	\$0.13	\$0.03	\$0.43	\$0.08
50-54	\$0.31	\$0.16	\$0.17	\$0.04	\$0.63	\$0.10
55-59	\$0.35	\$0.18	\$0.19	\$0.05	\$0.72	\$0.12
60-64	\$0.42	\$0.22	\$0.23	\$0.06	\$1.04	\$0.14
65-69	\$0.52	\$0.27	\$0.28	\$0.07	\$1.50	\$0.17
70+	\$0.67	\$0.35	\$0.36	\$0.09	\$1.51	\$0.22

*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.

