



## Your Costs for Coverage

The contribution rates below are your monthly costs and are based on the coverage tiers you select.

### MEDICAL PLANS

Coverage Tier	Your Monthly Premium Cost	
	Choice Plu\$ Plan	Choice Plan
Employee Only	\$143.00	\$124.00
Employee + Spouse	\$300.00	\$258.00
Employee + Child(ren)	\$264.00	\$229.00
Employee + Family	\$406.00	\$352.00

### DENTAL PLAN

Coverage Tier	Your Monthly Premium Cost
Employee Only	\$7.00
Employee + Spouse	\$14.00
Employee + Child(ren)	\$18.00
Employee + Family	\$27.00

### VISION PLAN

Coverage Tier	Your Monthly Premium Cost
Employee Only	\$8.41
Employee + Spouse	\$15.95
Employee + Child(ren)	\$16.77
Employee + Family	\$24.64

### SUPPLEMENTAL ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Coverage Tier	Your Monthly Premium Cost Per \$1,000 of Coverage
Employee	\$0.086
Spouse	\$0.021

### SUPPLEMENTAL LIFE INSURANCE

Your Monthly Premium Cost Per \$1,000 of Coverage												
Age	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Employee	\$0.096	\$0.096	\$0.096	\$0.096	\$0.132	\$0.216	\$0.312	\$0.540	\$0.996	\$1.572	\$2.388	\$3.948
Spouse	\$0.050	\$0.050	\$0.060	\$0.079	\$0.089	\$0.099	\$0.149	\$0.228	\$0.427	\$0.655	\$1.260	n/a

### SUPPLEMENTAL CHILD LIFE INSURANCE

Coverage Tier	Your Monthly Premium Cost	
	\$5,000 of Coverage	\$10,000 of Coverage
Child	\$1.12	\$2.24