

# 2021 PAYROLL CONTRIBUTIONS

ALL RATES ARE PER PAYCHECK UNLESS OTHERWISE NOTED

COVERAGE LEVEL	AETNA PPO W HSA	AETNA HMO
Team Member Only	\$22	\$73
Team Member + Spouse	\$114	\$200
Team Member + Child(ren)	\$61	\$135
Family	\$169	\$279

DENTAL	DHMO*	DELTA PPO LOW	DELTA PPO HIGH
Team Member Only	\$3.26	\$9.14	\$18.22
Team Member + Spouse	\$6.19	\$18.80	\$36.50
Team Member + Child(ren)	\$6.51	\$22.43	\$41.24
Family	\$9.27	\$32.06	\$61.49

\*Available in CA, CT, FL, NM, TN, TX, and VA

VISION	LOW OPTION	HIGH OPTION
Team Member Only	\$3.27	\$5.42
Team Member + Spouse	\$6.52	\$10.86
Team Member + Child(ren)	\$6.98	\$11.61
Family	\$11.15	\$18.54

LONG TERM DISABILITY	RATES PER \$100 OF COVERED PAY
<29	\$0.138
30-34	\$0.180
35-39	\$0.276
40-44	\$0.504
45-49	\$0.858
50-54	\$1.326
55-59	\$1.488
60+	\$0.804

TM SUPP LIFE	RATES PER \$1000 OF COVERED PAY
<25	\$0.050
25-29	\$0.051
30-34	\$0.069
35-39	\$0.087
40-44	\$0.104
45-49	\$0.154
50-54	\$0.254
55-59	\$0.454
60-64	\$0.638
65-69	\$1.119
70+	\$1.814

CHILD SUPPLEMENTAL LIFE	RATE PER \$1000 OF COVERED PAY
Rate	\$0.12

SUPP ACCIDENTAL DEATH	RATES PER \$1000 COVERED PAY
Team Member Only	\$0.030
Spouse	\$0.016
Child(ren)	\$0.046

ACCIDENT PLAN	RATE PER PAYCHECK
Team Member Only	\$5.71
Team Member + Spouse	\$9.10
Team Member + Child(ren)	\$9.71
Family	\$15.26

COVERAGE	MONTHLY RATE
Legal & Identity Theft	\$7.98
Identity Theft (Team Member Only or Team Member + Spouse)	\$6.48
Identity Theft (Team Member + Family)	\$6.98
Combo: Legal and Identity Theft (Team Member Only or Team Member + Spouse)	\$12.95
Combo: Legal and Identity Theft (Team Member + Family)	\$13.45

PET DISCOUNT	MONTHLY RATE
Pet Assure Single	\$7.00
Pet Assure Unlimited	\$10.00
PETPlus Single	\$4.50
PETPlus Unlimited	\$8.50

## CRITICAL ILLNESS PLAN \$10,000 EMPLOYEE BENEFIT. RATE PER PAY PERIOD

Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
18-25	\$1.44	\$1.72	\$1.44	\$1.72
26-30	\$1.96	\$2.49	\$1.96	\$2.49
31-35	\$2.32	\$3.03	\$2.32	\$3.03
36-40	\$2.99	\$4.04	\$2.99	\$4.04
41-45	\$4.13	\$5.74	\$4.13	\$5.74
46-50	\$6.04	\$8.62	\$6.04	\$8.62
51-55	\$8.51	\$12.31	\$8.51	\$12.31
56-60	\$11.74	\$17.17	\$11.74	\$17.17
61-65	\$15.92	\$23.43	\$15.92	\$23.43
66-70	\$19.79	\$29.23	\$19.79	\$29.23
71-75	\$22.46	\$33.23	\$22.46	\$33.23
76-80	\$27.55	\$40.92	\$27.55	\$40.92
81+	\$42.01	\$62.61	\$42.01	\$62.61

## CRITICAL ILLNESS PLAN \$20,000 EMPLOYEE BENEFIT. RATE PER PAY PERIOD

Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
18-25	\$2.09	\$2.65	\$2.09	\$2.65
26-30	\$3.12	\$4.18	\$3.12	\$4.18
31-35	\$3.84	\$5.27	\$3.84	\$5.27
36-40	\$5.19	\$7.29	\$5.19	\$7.29
41-45	\$7.46	\$10.68	\$7.46	\$10.68
46-50	\$11.29	\$16.44	\$11.29	\$16.44
51-55	\$16.22	\$23.83	\$16.22	\$23.83
56-60	\$22.69	\$33.54	\$22.69	\$33.54
61-65	\$31.05	\$46.07	\$31.05	\$46.07
66-70	\$38.78	\$57.67	\$38.78	\$57.67
71-75	\$44.12	\$65.67	\$44.12	\$65.67
76-80	\$54.33	\$81.05	\$54.30	\$81.05
81+	\$83.22	\$124.42	\$83.22	\$124.42

## CRITICAL ILLNESS PLAN \$30,000 EMPLOYEE BENEFIT. RATE PER PAY PERIOD

Attained Age	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Family
18-25	\$2.74	\$3.57	\$2.74	\$3.57
26-30	\$4.28	\$5.87	\$4.28	\$5.87
31-35	\$5.37	\$7.50	\$5.37	\$7.50
36-40	\$7.39	\$10.53	\$7.39	\$10.53
41-45	\$10.79	\$15.62	\$10.79	\$15.62
46-50	\$16.54	\$24.26	\$16.54	\$24.26
51-55	\$23.93	\$35.34	\$23.93	\$35.34
56-60	\$33.64	\$49.92	\$33.64	\$49.92
61-65	\$46.18	\$68.71	\$46.18	\$68.71
66-70	\$57.77	\$86.11	\$57.77	\$86.11
71-75	\$65.78	\$98.11	\$65.78	\$98.11
76-80	\$81.06	\$121.18	\$81.06	\$121.18
81+	\$124.43	\$186.23	\$124.43	\$186.23