



2025 Benefits Plan Premiums

Below are the Team Member contribution amounts for benefits effective January 1, 2025 - December 31, 2025. See the Annual Benefits Enrollment Guide for plan details and enrollment instructions.

SHORT-TERM DISABILITY AND LONG-TERM DISABILITY INSURANCE	
	Team Member Coverage Only
STD	\$0.1013 per \$10 covered biweekly benefit
LTD Non-Nicotine User	\$0.1066 per \$100 covered biweekly payroll
LTD Nicotine User	\$0.1182 per \$100 covered biweekly payroll

ACCIDENT INSURANCE AND HOSPITAL INDEMNITY INSURANCE (PER PAYCHECK)				
	TM Only	TM + Spouse/DP	TM + Child(ren)	Family
Accident	\$3.96	\$7.03	\$7.65	\$10.73
Hospital Indemnity	\$4.98	\$9.72	\$7.53	\$12.27

Team Member Age	VOLUNTARY LIFE AND AD&D INSURANCE (PER PAYCHECK)	VOLUNTARY LIFE (PER PAYCHECK)	
	Team Member	Spouse/Domestic Partner*	
	Per \$1,000 of coverage Choice of 1x, 2x, 3x, 4x or 5x annual earnings rounded to the next higher \$1,000 (up to \$750,000)	Per \$1,000 of coverage - Coverage is 50% Team Member benefit	
	Non-Nicotine User	Non-Nicotine User	Nicotine User**
<25	\$0.0194	\$0.0152	\$0.0189
25-29	\$0.0198	\$0.0162	\$0.0208
30-34	\$0.0235	\$0.0217	\$0.0277
35-39	\$0.0305	\$0.0342	\$0.0438
40-44	\$0.0411	\$0.0508	\$0.0697
45-49	\$0.0577	\$0.0789	\$0.1085
50-54	\$0.0803	\$0.1145	\$0.1689
55-59	\$0.1103	\$0.1662	\$0.2202
60-64	\$0.1394	\$0.2165	\$0.2769
65-69	\$0.1938	\$0.3097	\$0.3835
70-74	\$0.3577	\$0.5866	\$0.7191
75+	\$0.8428	\$1.8134	\$2.1688
\$10,000 Child(ren)/Domestic Partner's Child(ren) Life Insurance*	N/A	\$1.2969	

*You must purchase Team Member coverage in order to elect this coverage. You must elect a Team Member only coverage amount of \$10,000 in order to elect child/domestic partner child Life Insurance. Spouse/domestic partner coverage may also be subject to Evidence of Insurability. The effective date for Basic and Voluntary Life and AD&D insurance may be impacted by Evidence of Insurability.

**Nicotine Spouse rate is determined by Team Member Nicotine use.

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CRITICAL ILLNESS INSURANCE: TEAM MEMBER (PER PAYCHECK)						
Team Member Age	NON-NICOTINE USER			NICOTINE USER		
	\$10,000	\$20,000	\$30,000	\$10,000	\$20,000	\$30,000
18-24	\$0.7972	\$1.5944	\$2.3916	\$1.4321	\$2.8641	\$4.2962
25-29	\$0.9474	\$1.8949	\$2.8423	\$1.5675	\$3.1350	\$4.7026
30-34	\$1.3935	\$2.7870	\$4.1806	\$2.2220	\$4.4440	\$6.6660
35-39	\$1.9651	\$3.9303	\$5.8954	\$3.3211	\$6.6423	\$9.9634
40-44	\$2.9780	\$5.9560	\$8.9340	\$5.1006	\$10.2012	\$15.3018
45-49	\$3.8568	\$7.7136	\$11.5704	\$6.5544	\$13.1089	\$19.6633
50-54	\$6.0698	\$12.1397	\$18.2095	\$10.4314	\$20.8627	\$31.2941
55-59	\$7.1602	\$14.3204	\$21.4806	\$13.8334	\$27.6667	\$41.5001
60-64	\$10.4556	\$20.9112	\$31.3668	\$20.1528	\$40.3055	\$60.4583
65-69	\$20.3781	\$40.7562	\$61.1342	\$38.3844	\$76.7689	\$115.1533
70+	\$28.7135	\$57.4269	\$86.1404	\$48.7160	\$97.4320	\$146.1480

Please Note: Coverage for child(ren) is included in the Team Member contribution rate.

CRITICAL ILLNESS INSURANCE: SPOUSE (PER PAYCHECK)						
Spouse Age	NON-NICOTINE USER			NICOTINE USER		
	\$5,000	\$10,000	\$15,000	\$5,000	\$10,000	\$15,000
18-24	\$0.3986	\$0.7972	\$1.1958	\$0.7160	\$1.4321	\$2.1481
25-29	\$0.4737	\$0.9474	\$1.4212	\$0.7838	\$1.5675	\$2.3513
30-34	\$0.6968	\$1.3935	\$2.0903	\$1.1110	\$2.2220	\$3.3330
35-39	\$0.9826	\$1.9651	\$2.9477	\$1.6606	\$3.3211	\$4.9817
40-44	\$1.4890	\$2.9780	\$4.4670	\$2.5503	\$5.1006	\$7.6509
45-49	\$1.9284	\$3.8568	\$5.7852	\$3.2772	\$6.5544	\$9.8317
50-54	\$3.0349	\$6.0698	\$9.1047	\$5.2157	\$10.4314	\$15.6471
55-59	\$3.5801	\$7.1602	\$10.7403	\$6.9167	\$13.8334	\$20.7501
60-64	\$5.2278	\$10.4556	\$15.6834	\$10.0764	\$20.1528	\$30.2291
65-69	\$10.1890	\$20.3781	\$30.5671	\$19.1922	\$38.3844	\$57.5767
70+	\$14.3567	\$28.7135	\$43.0702	\$24.3580	\$48.7160	\$73.0740

Please Note: Spouse Critical Illness benefits are 50% of the Team Member elected benefit.