



2024 EXECUTIVE BENEFIT PLAN SUMMARY RATE SHEET

MEDICAL PLANS	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Option 4 – Cigna Performance \$3,500 Deductible Plan LocalPlus Network	\$64.00	\$232.50	\$166.50	\$349.00
Option 5 – Cigna Broad \$3,500 Deductible Plan OAP (Open Access Plus) Network	\$73.00	\$267.00	\$191.00	\$402.50
<i>Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)</i>				

DENTAL PLAN	AMERITAS High Plan
Employee Only	\$15.89
Employee + Spouse	\$26.87
Employee + Child(ren)	\$34.81
Employee + Family	\$46.81
<i>Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)</i>	

VISION PLAN	VSP Vision Plan
Employee Only	\$2.85
Employee + Spouse	\$5.71
Employee + Child(ren)	\$6.11
Employee + Family	\$9.77
<i>Premium rates listed are Employee Paid and deducted from wages on a per Pay-Period basis (24 pay periods)</i>	

Executive Medical Reimbursement Plan	ArmadaCare
100% Employer Paid	<ul style="list-style-type: none">- Reimbursement plan for non-covered health care expenses; includes medical, prescription, dental and vision- Reimbursable at 100% out-of-pocket cost – Subject to limitations

Basic Life and Accidental Death & Dismemberment (AD&D) Insurance	UNUM Life and AD&D
Employee Only	<ul style="list-style-type: none">- 100% Employer Paid- Coverage amount provided is 3 x annual salary to a maximum of \$500,000- This benefit is effective 1st of the month following 60 days of employment

UNUM Voluntary Dependent Life and Accidental Death & Dismemberment (AD&D) Insurance	UNUM Life and AD&D
Spouse and Child(ren)	<ul style="list-style-type: none">- 100% Employer Paid- Flat rate of \$3.94 per pay period- Spouse Coverage is \$25,000- Child(ren) Coverage is \$10,000 (6 months to 19 years; 25 years if full time student)- Child(ren) Coverage is \$1,000 (Live birth to 6 months)- This benefit is effective 1st of the month following 60 days of employment



Long Term Disability Insurance	UNUM LTD
Employee Only	<ul style="list-style-type: none"> - 100% Employer Paid - Coverage amount provided is 66.67% of monthly earnings - The monthly benefit maximum is \$9,000 - Elimination period is 90 days - This benefit is effective 1st of the month following 60 days of employment
Executive Long Term Disability Insurance	<ul style="list-style-type: none"> - Additional benefits provided

UNUM Voluntary Life and AD&D Insurance	Monthly Rates for each \$10,000 of Team member & Spouse Life/AD&D Insurance Coverage												
Age Band	<24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+
Life and AD&D	\$0.90	\$0.90	\$1.00	\$1.40	\$2.20	\$3.30	\$6.00	\$9.10	\$12.30	\$20.40	\$36.10	\$60.90	\$97.90
Dependent Child(ren)/Life Only <ul style="list-style-type: none"> - You may purchase Child Life Insurance for a flat \$10,000 in coverage - The cost is \$0.50 per month per family unit 													

Assurity Voluntary Accident Insurance	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	\$14.06	\$7.03
Employee + Spouse	\$24.37	\$12.19
Employee + Child(ren)	\$30.27	\$15.14
Employee + Family	\$44.38	\$22.19

Assurity Voluntary Hospital Indemnity	Monthly Premium Rates	Per Pay-Period Cost
Employee Only	\$20.50	\$10.25
Employee + Spouse	\$41.45	\$20.73
Employee + Child(ren)	\$39.68	\$19.84
Employee + Family	\$57.72	\$28.86



Assurity Voluntary Critical Illness Insurance			Monthly Premium Rates for EMPLOYEE ONLY or EMPLOYEE <i>plus</i> CHILD(REN) Coverage								
\$10,000 Benefit Amount											
Attained Ages	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$2.57	\$3.28	\$4.25	\$5.83	\$7.94	\$11.24	\$16.74	\$26.52	\$31.97	\$40.34	\$88.99
\$20,000 Benefit Amount											
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$4.43	\$5.66	\$7.47	\$10.33	\$14.19	\$20.54	\$31.17	\$50.25	\$61.51	\$78.48	\$174.46
\$30,000 Benefit Amount											
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$6.27	\$8.02	\$10.67	\$14.82	\$20.43	\$29.83	\$45.62	\$74.00	\$91.05	\$116.62	\$259.90
Assurity Voluntary Critical Illness Insurance			Monthly Premium Rates for EMPLOYEE <i>plus</i> SPOUSE OR FAMILY Coverage								
\$10,000 Benefit Amount											
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$4.04	\$5.02	\$6.57	\$9.09	\$12.42	\$17.57	\$26.08	\$41.04	\$49.13	\$61.59	\$135.27
\$20,000 Benefit Amount											
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$6.73	\$8.46	\$11.27	\$15.70	\$21.66	\$31.42	\$47.65	\$76.62	\$93.41	\$118.81	\$263.44
\$30,000 Benefit Amount											
Attained Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Unismoke	\$9.43	\$11.89	\$15.96	\$22.32	\$30.91	\$45.25	\$69.23	\$112.18	\$137.70	\$176.01	\$391.61

Critical Illness: Spouse coverage is automatically 50% of the employee's elected benefit and the child(ren) coverage is automatically 25% of the employee's elected benefit. In order to have Spouse and/or Child(ren) Critical Illness coverage, the team member must enroll in the Critical Illness benefit.

DCA BENEFIT DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT	
<ul style="list-style-type: none">- You DO NOT need to elect a medical plan to participate with the DCA Account.- This account is used to pay for Dependent Care expenses.- The 2024 annual contribution limit is \$5,000 for Dependent Care expenses.- An employee's plan year contribution is divided by 24 pay periods, if enrolled as of January 1, or the amount of pay periods left within the plan year if enrollment date is after the start of the plan year.	