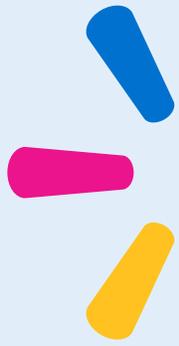


2020 Rates



Medical plans available in most locations

Cost per biweekly pay period	Premier Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$29.20	\$58.40	-
Associate + spouse/partner	\$147.70	\$176.90	\$206.10
Associate + child(ren)	\$46.80	\$76.00	-
Associate + family	\$173.30	\$202.50	\$231.70

Cost per biweekly pay period	Contribution Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$82.40	\$164.80	-
Associate + spouse/partner	\$278.90	\$361.30	\$443.70
Associate + child(ren)	\$116.20	\$198.60	-
Associate + family	\$298.60	\$381.00	\$463.40

Cost per biweekly pay period	Saver Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$32.50	\$65.00	-
Associate + spouse/partner	\$154.40	\$186.90	\$219.40
Associate + child(ren)	\$51.00	\$83.50	-
Associate + family	\$178.30	\$210.80	\$243.30

Medical plans available in select locations

Cost per biweekly pay period	Select Local Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$23.50	\$47.00	-
Associate + spouse/partner	\$131.00	\$154.50	\$178.00
Associate + child(ren)	\$38.70	\$62.20	-
Associate + family	\$153.50	\$177.00	\$200.50

Cost per biweekly pay period	Local Plans (Mercy AR, OK, St. Louis; Emory, UnityPoint, St. Luke's, Memorial Hermann, Ochsner)		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$47.60	\$95.20	-
Associate + spouse/partner	\$197.80	\$245.40	\$293.00
Associate + child(ren)	\$74.50	\$122.10	-
Associate + family	\$233.90	\$281.50	\$329.10



Medical plans available in select locations (cont.)

Cost per biweekly pay period	Local Plans (Mercy SW Missouri, Banner)		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$23.50	\$47.00	–
Associate + spouse/partner	\$131.00	\$154.50	\$178.00
Associate + child(ren)	\$38.70	\$62.20	–
Associate + family	\$153.50	\$177.00	\$200.50

HMO plans

Your cost per biweekly pay period	Health Net Salud y Mas		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$43.90	\$87.80	–
Associate + spouse/partner	\$207.60	\$251.50	\$295.40
Associate + child(ren)	\$70.30	\$114.20	–
Associate + family	\$243.40	\$287.30	\$331.20

Your cost per biweekly pay period	Health Net High Option ExcelCare		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$56.30	\$112.60	–
Associate + spouse/partner	\$237.70	\$294.00	\$350.30
Associate + child(ren)	\$118.90	\$175.20	–
Associate + family	\$278.30	\$334.60	\$390.90

Your cost per biweekly pay period	Kaiser California High Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$54.70	\$109.40	–
Associate + spouse/partner	\$234.90	\$289.60	\$344.30
Associate + child(ren)	\$92.40	\$147.10	–
Associate + family	\$278.30	\$333.00	\$387.70

Your cost per biweekly pay period	Health Net Low Option ExcelCare		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$36.80	\$73.60	–
Associate + spouse/partner	\$161.20	\$198.00	\$234.80
Associate + child(ren)	\$75.60	\$112.40	–
Associate + family	\$192.90	\$229.70	\$266.50

Your cost per biweekly pay period	Kaiser California Low Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$31.90	\$63.80	–
Associate + spouse/partner	\$112.20	\$144.10	\$176.00
Associate + child(ren)	\$43.60	\$75.50	–
Associate + family	\$132.70	\$164.60	\$196.50

Your cost per biweekly pay period	Kaiser Colorado Low Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$41.80	\$83.60	–
Associate + spouse/partner	\$150.50	\$192.30	\$234.10
Associate + child(ren)	\$57.50	\$99.30	–
Associate + family	\$180.30	\$222.10	\$263.90

HMO plans (cont.)

Your cost per biweekly pay period	Independent Health		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$95.00	\$190.00	-
Associate + spouse/partner	\$348.40	\$443.40	\$538.40
Associate + child(ren)	\$161.70	\$256.70	-
Associate + family	\$412.20	\$507.20	\$602.20

Your cost per biweekly pay period	Kaiser Georgia Low Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$39.90	\$79.80	-
Associate + spouse/partner	\$188.70	\$228.60	\$268.50
Associate + child(ren)	\$63.90	\$103.80	-
Associate + family	\$221.30	\$261.20	\$301.10

Your cost per biweekly pay period	Kaiser of Oregon High Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$62.90	\$125.80	-
Associate + spouse/partner	\$259.20	\$322.10	\$385.00
Associate + child(ren)	\$96.60	\$159.50	-
Associate + family	\$311.60	\$374.50	\$437.40

Your cost per biweekly pay period	Kaiser of the Mid-Atlantic Low Option Maryland & Virginia		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$52.60	\$105.20	-
Associate + spouse/partner	\$184.50	\$237.10	\$289.70
Associate + child(ren)	\$78.40	\$131.00	-
Associate + family	\$220.00	\$272.60	\$325.20

Your cost per biweekly pay period	Kaiser of Oregon Low Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$49.00	\$98.00	-
Associate + spouse/partner	\$195.30	\$244.30	\$293.30
Associate + child(ren)	\$71.70	\$120.70	-
Associate + family	\$234.50	\$283.50	\$332.50

Your cost per biweekly pay period	Blue Care Network East/SE and West		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$77.20	\$154.40	-
Associate + spouse/partner	\$339.20	\$416.40	\$493.60
Associate + child(ren)	\$138.90	\$216.10	-
Associate + family	\$399.10	\$476.30	\$553.50

Your cost per biweekly pay period	Geisinger Health Plan – Eastern, Extra, Extra Eastern Pennsylvania		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$66.00	\$132.00	-
Associate + spouse/partner	\$270.80	\$336.80	\$402.80
Associate + child(ren)	\$102.30	\$168.30	-
Associate + family	\$332.00	\$398.00	\$464.00

Your cost per biweekly pay period	UPMC Health Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$82.20	\$164.40	-
Associate + spouse/partner	\$286.20	\$368.40	\$450.60
Associate + child(ren)	\$126.30	\$208.50	-
Associate + family	\$331.90	\$414.10	\$496.30

HMO plans (cont.)

Your cost per biweekly pay period	Kaiser of Washington Low Option		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$41.00	\$82.00	–
Associate + spouse/partner	\$164.40	\$205.40	\$246.40
Associate + child(ren)	\$61.60	\$102.60	–
Associate + family	\$197.80	\$238.80	\$279.80

eCommerce Plans

eComm PPO

Your cost per biweekly pay period	eComm PPO Plan		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$34.40	\$68.80	–
Associate + spouse/partner	\$149.60	\$184.00	\$218.40
Associate + child(ren)	\$58.20	\$92.60	–
Associate + family	\$173.40	\$207.80	\$242.20

eComm HMO plans

Your cost per biweekly pay period	Kaiser of California eComm		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$30.90	\$61.80	–
Associate + spouse/partner	\$133.00	\$163.90	\$194.80
Associate + child(ren)	\$52.20	\$83.10	–
Associate + family	\$154.20	\$185.10	\$216.00

Your cost per biweekly pay period	Blue Care eComm		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$30.50	\$61.00	–
Associate + spouse/partner	\$131.30	\$161.80	\$192.30
Associate + child(ren)	\$51.50	\$82.00	–
Associate + family	\$152.30	\$182.80	\$213.30

Your cost per biweekly pay period	Kaiser of Oregon eComm		
	Tobacco-free user(s)	One tobacco user	Two tobacco users
Associate only	\$31.50	\$63.00	–
Associate + spouse/partner	\$136.00	\$167.50	\$199.00
Associate + child(ren)	\$53.30	\$84.80	–
Associate + family	\$157.70	\$189.20	\$220.70

Vision and Dental plan rates

Vision plan

Your cost for coverage 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 plan

Your cost for coverage per biweekly pay period	
Coverage	Rate
Associate only	\$8.30
Associate + spouse/partner	\$20.00
Associate + child(ren)	\$19.40
Associate + family	\$33.90

Life insurance

Optional associate life insurance

Your cost for coverage 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*

Your cost for coverage 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)

Your cost for coverage 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)

Your cost for coverage 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

Your cost for coverage 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

Your cost for coverage per biweekly pay period*		
Age	Rate	Rate (WA only)
under 25	\$0.34	\$0.07
25-29	\$0.34	\$0.07
30-34	\$0.34	\$0.07
35-39	\$0.34	\$0.07
40-44	\$0.36	\$0.07
45-49	\$0.43	\$0.08
50-54	\$0.54	\$0.11
55-59	\$0.62	\$0.13
60-64	\$0.74	\$0.15
65-69	\$0.92	\$0.18
70+	\$1.18	\$0.23

Truck driver long-term disability insurances

Your cost for coverage per pay period		
Plan duration option	Driver LTD**	Driver LTD Enhanced**
Five-year duration coverage	\$1.60	\$2.40
Full-duration coverage	\$2.17	\$3.26

NY short-term disability enhanced insurance

Your cost for coverage per biweekly pay period*	
Age	Rate
under 25	\$0.39
25-29	\$0.51
30-34	\$0.55
35-39	\$0.61
40-44	\$0.51
45-49	\$0.52
50-54	\$0.75
55-59	\$0.86
60-64	\$1.25
65-69	\$1.80
70+	\$1.81

Long-term disability insurance

Your cost for coverage per pay period*	
Age	Rate
under 25	\$0.05
25-29	\$0.08
30-34	\$0.12
35-39	\$0.23
40-44	\$0.34
45-49	\$0.52
50-54	\$0.74
55-59	\$0.88
60-64	\$0.94
65-69	\$0.84
70+	\$0.82

*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.

Long-term disability enhanced insurance

Your cost for coverage per pay period*	
Age	Rate
under 25	\$0.07
25-29	\$0.13
30-34	\$0.19
35-39	\$0.34
40-44	\$0.53
45-49	\$0.79
50-54	\$1.08
55-59	\$1.27
60-64	\$1.43
65-69	\$1.30
70+	\$1.26



*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.