

## 2025 RATES

Bi-Weekly Paycheck Contribution (based on 26 pay periods)

		All Benefit-Eligible Employees
<b>Medical - UMR PPO</b>	Employee Only	\$49.45
	Employee plus Spouse	\$238.49
	Employee plus Child(ren)	\$195.12
	Family	\$303.51
<b>Medical - UMR HDHP</b>	Employee Only	\$38.57
	Employee plus Spouse	\$186.02
	Employee plus Child(ren)	\$152.20
	Family	\$236.75
<b>Delta Dental</b>	Employee Only	\$5.39
	Employee plus Spouse	\$12.93
	Employee plus Child(ren)	\$16.18
	Family	\$21.56
<b>VSP Vision</b>	Employee Only	\$3.47
	Employee plus Spouse	\$6.94
	Employee plus Child(ren)	\$6.94
	Family	\$10.92

## RELIANCE STANDARD SUPPLEMENTAL LIFE AND VOLUNTARY AD&D RATES

The **Bi-Weekly Rates** for these benefits are:

SUPPLEMENTAL LIFE INSURANCE	
Employee and Spouse Rates	
Age	Rate / \$1,000
18-24	\$0.013
25-29	\$0.020
30-34	\$0.024
35-39	\$0.031
40-44	\$0.046
45-49	\$0.069
50-54	\$0.106
55-59	\$0.198
60-64	\$0.294
65-69	\$0.404
70-74	\$0.823
75+	\$0.951
Dependent Rates	
Dependent Rates	Rate / \$1,000
Child Per \$5K	\$0.277
Child Per \$10K	\$0.554

VOLUNTARY AD&D RATES	
Coverage	Rate / \$1,000
Employee	\$0.012
Spouse	\$0.012
Child(ren)	\$0.012

VOLUNTARY AD&D SCHEDULE	
For Accidental Loss of	Amount Payable
Life	100%
Two or More Members*	100%
Speech and Hearing	100%
One Member*	50%
Speech or Hearing	50%
Thumb and Index Finger of Same Hand	25%

\* "Member" refers to a hand, foot, or eye

Full-Time = 30+ hours/weekly (.75 FTE thru 1.00 FTE)

Part-Time = 20-29 hours/weekly (.50 FTE thru .74 FTE)