



## Trinidad Benham – Employee Benefit Contributions 2024

### Medical

	BlueClassic PPO Traditional Plan		BlueClassic PPO Balanced Plan	
Coverage Tier	Weekly (48 pay periods)	Semi - monthly	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$33.46	\$66.93	\$25.49	\$50.97
<b>EE + Spouse</b>	\$99.43	\$198.86	\$73.19	\$146.39
<b>EE + Child(ren)</b>	\$71.15	\$142.30	\$53.16	\$106.32
<b>EE + Family</b>	\$116.31	\$232.61	\$88.38	\$176.76

### Dental

	Base Dental Plan		Buy-Up Dental Plan	
Coverage Tier	Weekly (48 pay periods)	Semi - monthly	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$3.33	\$6.67	\$3.67	\$7.33
<b>EE + 1</b>	\$9.90	\$19.80	\$10.89	\$21.78
<b>EE + Family</b>	\$17.86	\$35.71	\$19.64	\$39.28

### Vision

Coverage Tier	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$2.11	\$4.22
<b>EE + 1</b>	\$3.38	\$6.75
<b>EE + Children</b>	\$3.45	\$6.90
<b>EE + Family</b>	\$5.56	\$11.11

### Aflac Accident

Coverage Tier	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$3.61	\$7.23
<b>EE + 1</b>	\$5.30	\$10.60
<b>EE + Child(ren)</b>	\$6.28	\$12.55
<b>EE + Family</b>	\$7.96	\$15.92

### Allstate Identity Protection

Coverage Tier	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$2.49	\$4.98
<b>EE + Family</b>	\$4.49	\$8.98

**Aflac Critical Illness**

Monthly Rates			
NON-TOBACCO - Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

Monthly Rates			
NON-TOBACCO - Spouse			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$5.31	\$9.25	\$13.18
31-40	\$8.08	\$14.78	\$21.48
41-50	\$14.26	\$27.15	\$40.03
51-60	\$25.54	\$49.70	\$73.85
61+	\$46.78	\$92.18	\$137.58

Monthly Rates			
TOBACCO - Employee			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$7.00	\$12.61	\$18.23
31-40	\$11.88	\$22.38	\$32.88
41-50	\$21.63	\$41.88	\$62.13
51-60	\$40.48	\$79.58	\$118.68
61+	\$72.06	\$142.75	\$213.43

Monthly Rates			
TOBACCO - Spouse			
Issue Age	\$10,000	\$20,000	\$30,000
18-30	\$7.00	\$12.61	\$18.23
31-40	\$11.88	\$22.38	\$32.88
41-50	\$21.63	\$41.88	\$62.13
51-60	\$40.48	\$79.58	\$118.68
61+	\$72.06	\$142.75	\$213.43



**Aflac Hospital Indemnity Insurance**

Coverage Tier	Weekly (48 pay periods)	Semi - monthly
<b>EE Only</b>	\$5.57	\$11.14
<b>EE + 1</b>	\$11.29	\$22.58
<b>EE + Child(ren)</b>	\$8.83	\$17.65
<b>EE + Family</b>	\$14.55	\$29.09

**ARAG Legal Insurance**

Coverage Tier	Weekly (48 pay periods)	Semi - monthly
<b>EE</b> <i>Spouses &amp; children included</i>	\$4.57	\$9.13

**Supplemental Life**

Coverage	Plan Description	Rate	Rate Basis
<b>LIFE</b>	Supplemental Employee Life	\$0.07	PER \$1000 0-24
<b>LIFE</b>	Supplemental Employee Life	\$0.07	PER \$1000 25-29
<b>LIFE</b>	Supplemental Employee Life	\$0.08	PER \$1000 30-34
<b>LIFE</b>	Supplemental Employee Life	\$0.11	PER \$1000 35-39
<b>LIFE</b>	Supplemental Employee Life	\$0.18	PER \$1000 40-44
<b>LIFE</b>	Supplemental Employee Life	\$0.30	PER \$1000 45-49
<b>LIFE</b>	Supplemental Employee Life	\$0.53	PER \$1000 50-54
<b>LIFE</b>	Supplemental Employee Life	\$0.88	PER \$1000 55-59
<b>LIFE</b>	Supplemental Employee Life	\$1.17	PER \$1000 60-64
<b>LIFE</b>	Supplemental Employee Life	\$1.82	PER \$1000 65-69
<b>LIFE</b>	Supplemental Employee Life	\$3.20	PER \$1000 70-74
<b>LIFE</b>	Supplemental Employee Life	\$5.23	PER \$1000 75-111



<b>LIFE</b>	Supplemental Dependent Life	\$0.07	PER \$1000 SPOUSE 0-24
<b>LIFE</b>	Supplemental Dependent Life	\$0.07	PER \$1000 SPOUSE 25-29
<b>LIFE</b>	Supplemental Dependent Life	\$0.08	PER \$1000 SPOUSE 30-34
<b>LIFE</b>	Supplemental Dependent Life	\$0.11	PER \$1000 SPOUSE 35-39
<b>LIFE</b>	Supplemental Dependent Life	\$0.18	PER \$1000 SPOUSE 40-44
<b>LIFE</b>	Supplemental Dependent Life	\$0.30	PER \$1000 SPOUSE 45-49
<b>LIFE</b>	Supplemental Dependent Life	\$0.53	PER \$1000 SPOUSE 50-54
<b>LIFE</b>	Supplemental Dependent Life	\$0.88	PER \$1000 SPOUSE 55-59
<b>LIFE</b>	Supplemental Dependent Life	\$1.17	PER \$1000 SPOUSE 60-64
<b>LIFE</b>	Supplemental Dependent Life	\$1.82	PER \$1000 SPOUSE 65-69
<b>LIFE</b>	Supplemental Dependent Life	\$3.20	PER \$1000 SPOUSE 70-74
<b>LIFE</b>	Supplemental Dependent Life	\$5.23	PER \$1000 SPOUSE 75-111
<b>LIFE</b>	Supplemental Dependent Life	\$0.08	PER \$1000 UNIT CHILD

**Voluntary STD\*\***

<b>Coverage</b>	<b>Plan Description</b>	<b>Rate</b>	<b>Rate Basis</b>
<b>VSTD*</b>	Voluntary Short-Term Disability	\$0.83	PER \$10 WEEKLY BENEFIT

\* For Production employees only.

\*\*If you live in a state that offers a state run disability program, the voluntary STD coverage will not be available to you. You will be enrolled on the state disability program.

**Allstate Whole Life**

Please see the Allstate Whole Life rate sheet for details.