



Your 2025 Benefit Premiums

As you review the 2025 premiums below, note:

- **The tobacco-free credit is already included in the medical premiums** and applies only if you and your covered spouse pledge you are tobacco-free. See your enrollment guide or the enrollment website for the tobacco premium that will be applied otherwise.
- **If you enroll in HSA Core or HSA Value, the Company will match your Health Savings Account (HSA) contribution.** See page 2 for the amount and other details.
- **Premiums for medical, dental and vision are generally deducted pre-tax¹;** all other premiums are deducted after-tax.

2025 Biweekly Medical Premiums

| PAY BAND ² | COVERAGE LEVEL | MEDICAL PROGRAM OPTION | | |
|------------------------------|-----------------------|------------------------|-----------|-----------------|
| | | HSA CORE | HSA VALUE | COPAY ADVANTAGE |
| 1 UNDER \$100,000 | Employee Only | \$25.19 | \$47.99 | \$154.09 |
| | Employee + Spouse | \$165.58 | \$211.70 | \$452.57 |
| | Employee + Child(ren) | \$71.44 | \$105.71 | \$381.63 |
| | Family | \$180.65 | \$240.29 | \$647.25 |
| 2 \$100,000 & OVER | Employee Only | \$55.42 | \$120.21 | \$240.05 |
| | Employee + Spouse | \$230.95 | \$287.62 | \$491.93 |
| | Employee + Child(ren) | \$126.99 | \$150.55 | \$437.36 |
| | Family | \$273.83 | \$317.00 | \$681.52 |

1. Employee contributions for the coverage of non-tax-dependents, such as domestic partners and their children, are deducted on a pre-tax basis based on the premium amounts noted above. However, you will also pay taxes on the value of the coverage as imputed income. Imputed income is calculated by subtracting the COBRA premium for Employee Only coverage from the COBRA premium for the coverage you have in effect such as Employee + Spouse in the case of just covering a domestic partner. The difference is your imputed income. COBRA coverage for this purpose is 100% of the unsubsidized cost of coverage and not 102%. The imputed income amount is added to your paycheck as taxable income and results in income tax withholdings.

2. Base salary as of September 1, 2024

Health Savings Account (HSA) Match for 2025

If you enroll in **HSA CORE** or **HSA VALUE**, for every \$1 you contribute to your HSA, the Company will match \$1 — up to \$500 per year (maximum of \$125 per quarter) if you have Employee Only medical coverage, or \$1,000 per year (maximum of \$250 per quarter) if you cover dependents. You can use this account to pay for eligible health care expenses for you and your eligible dependents on a **tax-free basis** for federal income tax purposes (state laws may vary). The money in your account is always yours.

| WHO IS COVERED | MAXIMUM COMPANY MATCH | + | YOUR MAXIMUM CONTRIBUTION* | = | 2025 IRS LIMIT* |
|--|-----------------------|---|----------------------------|---|-----------------|
| Employee only | \$500 | | \$3,800 | | \$4,300 |
| Employee + Spouse, Employee + Child(ren) or Family | \$1,000 | | \$7,550 | | \$8,550 |

*If you turn age 55 by December 31, 2025, you can contribute an additional \$1,000.

Biweekly Critical Illness and Accident Insurance Premiums for 2025

| EMPLOYEE'S AGE | EMPLOYEE ONLY | | EMPLOYEE + SPOUSE | | EMPLOYEE + CHILD(REN) | | FAMILY | |
|----------------|---------------|----------|-------------------|----------|-----------------------|----------|----------|----------|
| | \$10,000 | \$20,000 | \$10,000 | \$20,000 | \$10,000 | \$20,000 | \$10,000 | \$20,000 |
| < 25 | \$2.27 | \$3.02 | \$4.30 | \$5.82 | \$4.73 | \$6.24 | \$6.30 | \$8.56 |
| 25 - 29 | \$2.32 | \$3.13 | \$4.41 | \$6.04 | \$4.78 | \$6.34 | \$6.41 | \$8.78 |
| 30 - 34 | \$2.69 | \$3.86 | \$5.08 | \$7.38 | \$5.14 | \$7.07 | \$7.08 | \$10.12 |
| 35 - 39 | \$3.33 | \$5.15 | \$6.27 | \$9.76 | \$5.79 | \$8.36 | \$8.27 | \$12.51 |
| 40 - 44 | \$4.56 | \$7.62 | \$8.58 | \$14.36 | \$7.02 | \$10.83 | \$10.57 | \$17.10 |
| 45 - 49 | \$6.55 | \$11.59 | \$12.24 | \$21.68 | \$9.00 | \$14.79 | \$14.23 | \$24.43 |
| 50 - 54 | \$9.45 | \$17.39 | \$17.45 | \$32.11 | \$11.90 | \$20.59 | \$19.44 | \$34.86 |
| 55 - 59 | \$13.35 | \$25.20 | \$24.41 | \$46.03 | \$15.81 | \$28.40 | \$26.41 | \$48.78 |
| 60 - 64 | \$19.20 | \$36.90 | \$34.91 | \$67.02 | \$21.66 | \$40.11 | \$36.90 | \$69.77 |
| 65 - 69 | \$28.92 | \$56.33 | \$52.16 | \$101.53 | \$31.38 | \$59.54 | \$54.15 | \$104.27 |
| 70+ | \$42.45 | \$83.39 | \$77.55 | \$152.31 | \$44.91 | \$86.60 | \$79.55 | \$155.06 |

Biweekly Hospital Indemnity Premiums for 2025

| | |
|--------------------------------|---------|
| Employee Only | \$5.34 |
| Employee + Spouse | \$12.05 |
| Employee + Child(ren) | \$9.42 |
| Employee + Spouse + Child(ren) | \$16.95 |

Biweekly Dental and Vision Premiums for 2025

| COVERAGE | DENTAL PROGRAM OPTION | | VISION PROGRAM OPTION | |
|-----------------------|-----------------------|------------------|-----------------------|-----------------|
| | METLIFE PPO | METLIFE PPO PLUS | EYEMED | EYEMED ENHANCED |
| Employee Only | \$12.95 | \$20.84 | \$2.73 | \$8.16 |
| Employee + Spouse | \$25.89 | \$41.68 | \$4.98 | \$14.91 |
| Employee + Child(ren) | \$25.24 | \$40.63 | \$4.85 | \$14.52 |
| Family | \$38.19 | \$61.47 | \$6.71 | \$20.08 |

Monthly Rates for Optional Life Insurance for 2025 *(Per \$1,000 of Coverage)*

| AGE AS OF 12/31/2025 | EMPLOYEE | |
|----------------------------|---------------------|-----------------|
| | NON-TOBACCO USER | TOBACCO USER |
| <25 | \$0.038 | \$0.076 |
| 25-29 | \$0.038 | \$0.095 |
| 30-34 | \$0.038 | \$0.124 |
| 35-39 | \$0.047 | \$0.142 |
| 40-44 | \$0.066 | \$0.152 |
| 45-49 | \$0.124 | \$0.227 |
| 50-54 | \$0.180 | \$0.350 |
| 55-59 | \$0.322 | \$0.662 |
| 60-64 | \$0.483 | \$1.022 |
| 65-69 | \$0.814 | \$1.976 |
| 70+ | \$1.684 | \$3.177 |

| AGE AS OF 12/31/2025 | SPOUSE | |
|----------------------------|---------------------|-----------------|
| | NON-TOBACCO USER | TOBACCO USER |
| <25 | \$0.046 | \$0.091 |
| 25-29 | \$0.046 | \$0.115 |
| 30-34 | \$0.046 | \$0.149 |
| 35-39 | \$0.057 | \$0.171 |
| 40-44 | \$0.080 | \$0.182 |
| 45-49 | \$0.144 | \$0.273 |
| 50-54 | \$0.216 | \$0.420 |
| 55-59 | \$0.387 | \$0.795 |
| 60-64 | \$0.580 | \$1.225 |
| 65-69 | \$0.977 | \$2.371 |
| 70+ | \$1.978 | \$3.812 |

| DEPENDENT CHILD OPTIONAL LIFE INSURANCE | |
|---|---------|
| Dependent Child | \$0.131 |

Monthly Rates for Optional Accidental Death & Dismemberment (AD&D) Insurance for 2025 *(Per \$1,000 of Coverage)*

| EMPLOYEE AD&D | EMPLOYEE + DEPENDENT AD&D |
|---------------|---------------------------|
| \$0.019 | \$0.030 |

Monthly Rates for Long-term Disability (LTD) Buy-up for 2025

(Per \$100 of Covered Monthly Payroll)

| LTD BUY-UP PREMIUM CALCULATION | | | | | | | | | | | |
|--------------------------------|--|-------|-------|-------|-------|---|-------|-------|-------|-------|-------|
| PREMIUM WORKSHEET | | | | | | SAMPLE CALCULATION: ASSUMES \$45,000 ANNUAL SALARY AND 35-39 AGE BAND | | | | | |
| STEP 1 | Annual Salary / 12 = Covered Monthly Payroll | | | | | \$45,000 / 12 = \$3,750 | | | | | |
| STEP 2 | Covered Monthly Payroll / 100 = # Units | | | | | \$3,750 / 100 = 37.5 | | | | | |
| STEP 3 | # Units x Rate = Premium Per Month | | | | | 37.5 x 0.101 = \$3.79 | | | | | |
| STEP 4 | Bi-weekly Premium | | | | | \$3.79 x 12 = \$45.48, \$45.48 / 26 = \$1.75 | | | | | |
| LTD BUY-UP RATES | | | | | | | | | | | |
| AGE BANDS | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| | 0.039 | 0.047 | 0.069 | 0.101 | 0.163 | 0.231 | 0.323 | 0.379 | 0.398 | 0.400 | 0.450 |

