AMERICAN HERITAGE SCHOOLS

PAYROLL DEDUCTIONS

SEPTEMBER 1, 2026 - AUGUST 31, 2027
BI-WEEKLY PAYROLL DEDUCTIONS (25)

HEALTH BENEFITS

WellNet	WellNet Base	WellNet Premium
Employee Only	$83.00	$153.96
Employee + Spouse	$431.54	$478.74
Employee + Child(ren)	$314.13	$338.58
Employee + Family	$556.67	$626.72

DENTAL & VISION BENEFITS

MetLife	Dental DHMO MET290	Dental PPO Low Plan	Dental PPO High Plan	Vision Plan
Employee Only	$1.99	$14.55	$20.52	$5.29
Employee + Spouse	$7.07	$33.03	$45.16	$10.06
Employee + Child(ren)	$7.95	$37.49	$51.11	$10.61
Employee + Family	$14.48	$59.46	$80.40	$15.59

VOLUNTARY LIFE & AD&D

Lincoln Financial

Employee	Employee & Spouse Coverage—Monthly Premium					
	$1,000	$50,000	$100,000	$150,000	$200,000	$250,000
Under 30	$0.077	$3.85	$7.70	$11.55	$15.40	$19.25
30 - 34	$0.097	$4.85	$9.70	$14.55	$19.40	$24.25
35 - 39	$0.107	$5.35	$10.70	$16.05	$21.40	$26.75
40 - 44	$0.127	$6.35	$12.70	$19.05	$25.40	$31.75
45 - 49	$0.182	$9.10	$18.20	$27.30	$36.40	$45.50
50 - 54	$0.270	$13.50	$27.00	$40.50	$54.00	$67.50
55 - 59	$0.490	$24.50	$49.00	$73.50	$98.00	$122.50
60 - 64	$0.728	$36.40	$72.80	$109.20	$145.60	$182.00
65 - 69	$1.287	$64.35	$128.70	$193.05	$257.40	$321.75
70+	$2.077	$103.85	$207.70	$311.55	$415.40	$519.25

*Spouse Life Coverage is based on Employee's Age

Dependent Child Coverage	
$10,000	$2.60

VOLUNTARY SHORT & LONG TERM DISABILITY

Lincoln Financial Group

Voluntary Short Disability Premium

Your estimated monthly premium is determined by multiplying your weekly salary amount (up to $1,000) by the premium rate as listed below. If your weekly salary exceeds $1,000, multiply $1,000 by premium rate.

$	Weekly Salary
X .60	
X 0.686	Premium Rate
÷ 10	
= $	Monthly Premium

Voluntary Long Disability Premium

Your estimated monthly premium is determined by multiplying your monthly salary amount (up to $6,000) by your age-range premium rate. If your monthly salary

$	Monthly Salary
X	Premium Rate —>
= $	Monthly Premium

LTD RATE TABLE	
Age Range	Premium Rate
0 - 29	0.172
30 - 34	0.274
35 - 39	0.455
40 - 44	0.695
45 - 49	0.969
50 - 54	1.252
55 - 59	1.597
60 - 64	1.338
65 - 69	1.049
70+	0.911

AMBULANCE BENEFIT

MASA

Employee + Family	$5.76

LEGAL BENEFIT

Preferred Legal

Employee + Family	$6.70

SUPPLEMENTAL BENEFITS

MetLife

Tier Coverage	Accident	Hospital Indemnity
Employee Only	$6.39	$9.72
Employee + Spouse	$10.63	$20.90
Employee + Child(ren)	$11.75	$15.11
Employee + Family	$15.89	$27.44

Critical Illness—Monthly Premium

	EMPLOYEE		SPOUSE	
Age*	$10,000	$20,000	$5,000	$10,000
Under 25	$4.60	$9.20	$1.90	$3.80
25 - 29	$5.70	$11.40	$2.45	$4.90
30 - 34	$6.90	$13.80	$3.10	$6.20
35 - 39	$8.70	$17.40	$4.00	$8.00
40 - 44	$11.90	$23.80	$5.60	$11.20
45 - 49	$15.80	$31.60	$7.50	$15.00
50 - 54	$21.70	$43.40	$10.40	$20.80
55 - 59	$28.40	$56.80	$13.70	$27.40
60 - 64	$39.70	$79.40	$19.35	$38.70
65 - 69	$54.20	$108.40	$26.60	$53.20
70+	$98.20	$196.40	$48.50	$97.00

*Spouse Coverage is based on Employee's Age

LIFE & LONG-TERM CARE

Voya

Employee Age*	Employee & Spouse Coverage—Monthly Premium				
	$25,000	$50,000	$75,000	$100,000	$125,000
18-24	$12.75	$25.50	$38.25	$51.00	$63.75
25-29	$15.25	$30.50	$45.75	$61.00	$76.25
30-34	$19.00	$38.00	$57.00	$76.00	$95.00
35-39	$24.00	$48.00	$72.00	$96.00	$120.00
40-44	$31.25	$62.50	$93.75	$125.00	$156.25
45-49	$41.00	$82.00	$123.00	$164.00	$205.00
50-54	$55.75	$111.50	$167.25	$223.00	$278.75
55-59	$77.25	$154.50	$231.75	$309.00	$386.25
60-64	$114.50	$229.00	$343.50	$458.00	$572.50
65-69	$169.25	$338.50	$507.75	$677.00	$846.25
70-74	$232.25	$464.50	$696.75	$929.00	$1,61.25
75	$268.75	$537.50	$806.25	$1075.00	$1,343.75

*Spouse Coverage terminates at age 65

Dependent Child Coverage Monthly Premium	
$5,000	$2.40
$10,000	$4.80
$15,000	$7.20
$20,000	$9.60
$25,000	$12.00