WORLDWIDEBDC

PAYROLL DEDUCTIONS

JANUARY 1, 2027 - DECEMBER 31, 2027

Weekly payroll deductions - 52 pay periods

HEALTH BENEFITS

UnitedHealthcare	NHP EPO $5,000 DED	NHP POS $1,500 DED	Choice Plus POS $500 DED
Employee Only	$24.70	$52.26	$85.94
Employee + Spouse	$154.38	$206.41	$291.35
Employee + Child(ren)	$101.30	$139.76	$202.54
Employee + Family	$233.18	$305.37	$423.22

GAP BENEFITS

Transamerica	$2,000 / $2,000
Employee Only	$13.47
Employee + Spouse	$28.94
Employee + Child(ren)	$21.01
Employee + Family	$35.11

DENTAL BENEFITS

UnitedHealthcare	Dental PPO Plan 108P5
Employee Only	$10.16
Employee + Spouse	$20.32
Employee + Child(ren)	$23.97
Employee + Family	$35.97

VISION BENEFITS

UnitedHealthcare	Vision Plan SH429
Employee Only	$1.88
Employee + Spouse	$3.57
Employee + Child(ren)	$4.19
Employee + Family	$5.90

VOLUNTARY SHORT-TERM DISABILITY

United Healthcare

Voluntary

Short Term Disability Premium

50% Of Your Weekly Salary

Up to $1,500

$	Weekly Salary
X .50	
X (see chart)	Premium Rate —–>
/ 10	
= $	Monthly Premium

Age	Rate - STD
0-24	$0.23
25-29	$0.24
30-34	$0.22
35-39	$0.17
40-44	$0.19
45-49	$0.17
50-54	$0.20
55-59	$0.23
60-64	$0.26
65+	$0.30

VOLUNTARY LIFE & AD&D

United Healthcare

Employee	Employee & Spouse Coverage—Weekly Deduction					
Age*	$10,000	$20,000	$30,000	$40,000	$50,000	$100,000
Under 25	$0.21	$0.42	$0.62	$0.83	$1.04	$2.08
25 - 29	$0.21	$0.42	$0.62	$0.83	$1.04	$2.08
30 - 34	$0.23	$0.46	$0.69	$0.92	$1.15	$2.31
35 - 39	$0.28	$0.55	$0.83	$1.11	$1.38	$2.77
40 - 44	$0.37	$0.74	$1.11	$1.48	$1.85	$3.69
45 - 49	$0.53	$1.06	$1.59	$2.12	$2.65	$5.31
50 - 54	$0.78	$1.57	$2.35	$3.14	$3.92	$7.85
55 - 59	$1.18	$2.35	$3.53	$4.71	$5.88	$11.77
60 - 64	$1.55	$3.09	$4.64	$6.18	$7.73	$15.46
65 - 69	$2.42	$4.85	$7.27	$9.69	$12.12	$24.23
70 - 74	$4.04	$8.08	$12.12	$16.15	$20.19	$40.38
75+	$11.77	$23.54	$35.31	$47.08	$58.85	$117.69

*Coverage is based on Team Member's Age