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SURVIVAL TECHNOLOGY

# EMPLOYEE BENEFITS
# BI-WEEKLY PAYROLL DEDUCTIONS
AUG 1, 2026 – JUL 31, 2027

## TIER 2 - $60,001 - $90,000

### MEDICAL INSURANCE

| CURATIVE | PPO |
|---|---|
| Employee Only | $ 74.67 |
| Employee + Spouse | $ 180.70 |
| Employee + Child(ren) | $ 134.85 |
| Employee + Family | $ 248.73 |

### DENTAL & VISION BENEFITS

| METLIFE | LOW DPPO | HIGH DPPO | VISION |
|---|---|---|---|
| Employee Only | $ 1.98 | $ 2.65 | $ 0.68 |
| Employee + Spouse | $ 4.08 | $ 5.44 | $ 1.36 |
| Employee + Child(ren) | $ 4.88 | $ 6.28 | $ 1.16 |
| Employee + Family | $ 7.53 | $ 9.74 | $ 1.91 |

### AMBULANCE TRANSPORTATION

| MASA | Emergent Plus |
|---|---|
| Employee Only or Family | $ 6.46 |

### LEGAL BENEFITS

| METLIFE | LEGAL |
|---|---|
| Employee Only or Family | $ 9.12 |

### SUPPLEMENTAL BENEFITS

| LINCOLN FINANCIAL | ACCIDENT | HOSPITAL INDEMNITY |
|---|---|---|
| Employee Only | $ 5.60 | $ 7.39 |
| Employee + Spouse | $ 9.29 | $ 17.41 |
| Employee + Child(ren) | $ 10.29 | $ 14.32 |
| Employee + Family | $ 13.91 | $ 25.49 |

**Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.**

## VOLUNTARY LIFE AND AD&D | MONTHLY PREMIUM

| AGE | EMPLOYEE | | | | SPOUSE | | | |
|---|---|---|---|---|---|---|---|---|
| | $10K | $50K | $100K | $200K | $10K | $25K | $50K | $100K |
| Under 25 | $2.11 | $10.55 | $21.10 | $42.20 | $2.11 | $ 5.28 | $10.55 | $21.10 |
| 25 - 29 | $1.50 | $ 7.50 | $15.00 | $30.00 | $1.50 | $ 3.75 | $ 7.50 | $15.00 |
| 30 - 34 | $1.57 | $ 7.58 | $15.70 | $31.40 | $1.57 | $ 3.93 | $ 7.85 | $15.70 |
| 35 - 39 | $2.66 | $13.30 | $26.60 | $53.20 | $2.66 | $ 6.65 | $13.30 | $26.60 |
| 40 - 44 | $3.32 | $16.60 | $33.20 | $66.40 | $3.32 | $ 8.30 | $16.60 | $33.20 |
| 45 - 49 | $5.02 | $25.10 | $50.20 | $100.40 | $5.02 | $12.55 | $25.10 | $50.20 |
| 50 - 54 | $7.37 | $36.85 | $73.70 | $147.40 | $7.37 | $18.43 | $36.85 | $73.70 |
| 55 - 59 | $7.87 | $39.35 | $78.70 | $157.40 | $7.87 | $19.68 | $39.35 | $78.70 |
| 60 - 64 | $8.20 | $41.00 | $82.00 | $164.00 | $8.20 | $20.50 | $41.00 | $82.00 |
| 65 - 69 | $11.80 | $59.00 | $118.00 | $236.00 | $11.80 | $29.50 | $59.00 | $118.00 |
| 70 - 74 | $28.64 | $143.20 | $286.40 | $572.80 | $28.64 | $71.60 | $143.20 | $286.40 |

* Dependent Child Coverage $10,000 Premium $2.80

## CRITICAL ILLNESS

| AGE | EMPLOYEE | | SPOUSE | |
|---|---|---|---|---|
| | $10,000 | $20,000 | $10,000 | $20,000 |
| Under 24 | $ 0.65 | $ 1.29 | $ 0.65 | $ 1.29 |
| 25 - 29 | $ 1.13 | $ 2.26 | $ 1.13 | $ 2.26 |
| 30 - 34 | $ 1.70 | $ 3.40 | $ 1.70 | $ 3.40 |
| 35 -39 | $ 2.67 | $ 5.34 | $ 2.67 | $ 5.34 |
| 40 - 44 | $ 4.14 | $ 8.28 | $ 4.14 | $ 8.28 |
| 45 - 49 | $ 6.14 | $ 12.28 | $ 6.14 | $ 12.28 |
| 50 - 54 | $ 8.85 | $ 17.70 | $ 8.85 | $ 17.70 |
| 55 - 59 | $ 11.82 | $ 23.63 | $ 11.82 | $ 23.63 |
| 60 - 64 | $ 16.81 | $ 33.62 | $ 16.81 | $ 33.62 |
| 65 - 69 | $ 23.67 | $ 47.34 | $ 23.67 | $ 47.34 |
| 70+ | $ 36.57 | $ 73.14 | $ 36.57 | $ 73.14 |

**Please refer to your charts for the pricing of Voluntary Life and Other Supplemental Policies available.**