

Voluntary Benefits

Your Cost Per Pay Period (Every Two Weeks)

Critical Illness Plans – MetLife (Low Plan \$15,000)

Age	Employee	Employee + Spouse/DP	Employee + Children	Family
<25	2.22	4.43	3.05	5.26
25-29	2.35	4.85	3.18	5.68
30-34	3.12	6.16	3.95	6.99
35-39	3.53	7.13	4.36	7.96
40-44	4.02	8.65	4.85	9.48
45-49	5.68	12.67	6.51	13.50
50-54	7.82	18.14	8.65	19.04
55-59	10.73	25.41	11.56	26.24
60-64	14.19	34.55	15.02	35.38
65-69	19.25	47.98	20.08	48.81
70+	28.66	69.37	29.49	70.27

Critical Illness Plans – MetLife (High Plan \$30,000)

Age	Employee	Employee + Spouse/DP	Employee + Children	Family
<25	4.43	8.86	6.09	10.52
25-29	4.71	9.69	6.37	11.35
30-34	6.23	12.32	7.89	13.98
35-39	7.06	14.26	8.72	15.92
40-44	8.03	17.31	9.69	18.97
45-49	11.35	25.34	13.02	27.00
50-54	15.65	36.28	17.31	38.08
55-59	21.46	50.82	23.12	52.48
60-64	28.38	69.09	30.05	70.75
65-69	38.49	95.95	40.15	97.62
70+	57.32	138.74	58.98	140.54

Accident Plans - MetLife

	Employee	Employee + Spouse/DP	Employee + Children	Family
Low Plan	1.20	2.50	2.59	3.24
High Plan	2.12	4.37	4.51	5.65

Hospital Indemnity Plans - MetLife

	Employee	Employee + Spouse/DP	Employee + Children	Family
Low Plan	3.80	6.85	6.00	9.05
High Plan	7.50	13.52	11.83	17.85

Identity Theft Plan – AllState Protection

	Employee	Family
Identity Theft Plan	3.67	6.44

Legal Plan - ARAG

	Family
Legal Plan	8.70