

The premium rates are in effect as of June 21, 2026 and are subject to change from time to time. All premiums are based on a bi-weekly rate, except for the Core and Enhanced Life Insurance.

### GROUP LIFE INSURANCE PLAN

The rates for Core and Enhanced Life Insurance are per month. The monthly rates are deducted on a bi-weekly basis. The bi-weekly deductions are calculated by annualizing the monthly premium (multiply the rate by 12), and dividing it by the number of pay periods in the calendar year.

#### Core Life Insurance – Monthly Rate (per \$1,000 of insurance)

	EMPLOYER	EMPLOYEE
Life	\$0.0790	\$0.0395
Accidental Death and Dismemberment (AD&D)	\$0.0064	\$0.0032

#### Enhanced Life Insurance (Employee Paid) – Monthly Rate

The MyCHOICE rates are based on your age, gender and smoking status. The following tables show the monthly premiums for each \$1,000 of insurance.

MALE		
Age	Non-Smoker	Smoker
Under 36	\$0.03	\$0.04
36 – 45	\$0.04	\$0.06
46 – 50	\$0.09	\$0.14
51 – 55	\$0.17	\$0.26
56 – 60	\$0.37	\$0.55
61 – 64	\$0.53	\$0.80
65 – 69	\$0.76	\$1.13

FEMALE		
Age	Non-Smoker	Smoker
Under 36	\$0.02	\$0.03
36 – 45	\$0.03	\$0.05
46 – 50	\$0.07	\$0.11
51 – 55	\$0.13	\$0.20
56 – 60	\$0.24	\$0.36
61 – 64	\$0.33	\$0.49
65 – 69	\$0.46	\$0.69

#### Dependent Life Insurance (Employee Paid) – Bi-weekly Rate = \$2.192

## Premium Rate Sheet — **June 21, 2026**

### HEALTH BENEFIT PLANS - *BI-WEEKLY RATE*

	EMPLOYER	EMPLOYEE
<b>Dental — Core</b>		
Single	\$27.28	\$0.00
Family	\$65.43	\$0.00
<b>Dental — Enhanced</b>		
Single	\$27.28	\$7.21
Family	\$65.43	\$17.33
<b>Prescription Drugs — Core</b>		
Single	\$19.67	\$19.67
Family	\$36.55	\$36.55
<b>Prescription Drugs — Enhanced</b>		
Single	\$19.67	\$26.00
Family	\$36.55	\$45.34
<b>Extended Medical — Core</b>		
Single	\$11.34	\$11.34
Family	\$19.34	\$19.34
<b>Extended Medical — Enhanced</b>		
Single	\$11.34	\$26.68
Family	\$19.34	\$51.59

### LONG TERM DISABILITY

Percent of Insurable Salary: 1.75% — employee  
 1.75% — employer