Effective January 1, 2019

# COSTS FOR GROUP BENEFIT PLANS
# PUERTO RICO REGULAR FULL-TIME TEAM MEMBERS

## HEALTH BENEFIT PLAN

| | Bi-Weekly Paid Non-Tobacco User | Bi-Weekly Paid Tobacco User |
|---|---|---|
| You Only | $52.79 | $70.10 |
| You + Spouse/Domestic Partner | $149.95 | $167.26 |
| You + Child(ren) | $149.95 | $167.26 |
| You + Family | $231.58 | $248.88 |

## DENTAL BENEFIT PLAN

| | Bi-Weekly Paid |
|---|---|
| You Only | $5.26 |
| You + Spouse/Domestic Partner | $12.67 |
| You + Child(ren) | $12.67 |
| You + Family | $20.36 |

## LONG TERM DISABILITY PLAN

The Plan provides for a monthly benefit amount equal to 60% of one's regular earnings.
The cost varies by the below age-banded bi-weekly rates per $100 of coverage.

| Rate per $1,000 of Coverage | | Rate per $1,000 of Coverage | |
|---|---|---|---|
| Age | Bi-Weekly | Age | Bi-Weekly |
| Less than 25 | $0.078 | 45 – 49 | $0.360 |
| 25 – 29 | $0.078 | 50 – 54 | $0.503 |
| 30 – 34 | $0.098 | 55 – 59 | $0.599 |
| 35 – 39 | $0.152 | 60 – 64 | $0.533 |
| 40 – 44 | $0.258 | 65+ | $0.386 |

Bi-Weekly (ADM) = Insurance Base **times** .05 (round to nearest dollar) **times** above age banded rate **divided by** 100

## GROUP OPTIONAL TERM LIFE PLAN (1, 2, 3, 4, 5, 6, 7, or 8 times January 1 annualized earnings)

| Rate per $1,000 of Coverage | | Rate per $1,000 of Coverage | |
|---|---|---|---|
| Age | Bi-Weekly | Age | Bi-Weekly |
| Less than 25 | $ .014 | 45 – 49 | $ .042 |
| 25 – 29 | $ .017 | 50 – 54 | $ .062 |
| 30 – 34 | $ .021 | 55 – 59 | $ .114 |
| 35 – 39 | $ .024 | 60 – 64 | $ .180 |
| 40 – 44 | $ .028 | 65 – 69 | $.277 |
| | | 70+ | $.554 |

Formula: Annualized Earnings **times** 1,2,3,4,5,6,7,8 round up to next higher multiple of thousand **times** amount for age **divided by** 1000

## DEPENDENT SPOUSE TERM LIFE PLAN

| Rate per $1,000 of Coverage | | Rate per $1,000 of Coverage | |
|---|---|---|---|
| **Age** | **Bi-Weekly** | **Age** | **Bi-Weekly** |
| Less than 25 | $0.023 | 45 – 49 | $0.069 |
| 25 – 29 | $0.028 | 50 – 54 | $0.106 |
| 30 – 34 | $0.037 | 55 – 59 | $0.198 |
| 35 – 39 | $0.042 | 60 – 64 | $0.305 |
| 40 – 44 | $0.046 | 65 – 69 | $0.586 |
| | | 70+ | $0.951 |

Spouse/Domestic Partner — $10,000 to $100,000 in increments of $10,000
Formula: Annualized Earnings **times** amount for age of Spouse/Domestic Partner **divided by** 1000 based on above table.

## DEPENDENT CHILD TERM LIFE PLAN

$5,000 ($.212 bi-weekly per $1,000 of coverage); or
$10,000 ($.425 bi-weekly per $1,000 of coverage); or
$20,000 ($.849 bi-weekly per $1,000 of coverage).

### VISION BENEFIT PLAN

| EyeMed | |
|---|---|
| **Standard Plan** | **Bi-Weekly** |
| You Only | $ 3.37 |
| You + One | $6.40 |
| You + Two or More | $9.40 |
| | |
| **Deluxe Plan** | **Bi-Weekly** |
| You Only | $5.14 |
| You + One | $9.76 |
| You + Two or More | $14.34 |