



2027 Paycheck Deductions

Puerto Rico Part-Time Associates



The following pages contain the associate contributions for benefits beginning January 1, 2027. The paycheck deduction amounts are presented in whole dollar increments for ease of reference. Your actual payroll deductions may differ slightly due to rounding adjustments applied during payroll processing.

Dental

Biweekly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus
You Only	\$13	\$22
You + Spouse	\$30	\$47
You + Child(ren)	\$28	\$42
You+ Family	\$43	\$68

Vision

Biweekly Paycheck Deductions

Coverage Level	Vision Basic	Vision Plus
You Only	\$3	\$5
You + Spouse	\$6	\$11
You + Child(ren)	\$6	\$12
You+ Family	\$9	\$19

Legal Service Plan

Biweekly Paycheck Deductions

Coverage Level	
Associate	\$8.31

ID Theft

Biweekly Paycheck Deductions

Coverage Level	
You Only	\$3.45
You+ Family	\$6.92

Term Life and AD&D Insurance

Biweekly Paycheck Deductions

Age	Associate	Spouse/Domestic Partner
	Per \$1,000 of Coverage \$10,000–\$150,000 in \$10,000 increments	Per \$1,000 of Coverage \$5,00-30,000**
<25	\$0.023	\$0.042
25-29	\$0.027	\$0.042
30-34	\$0.036	\$0.046
35-39	\$0.041	\$0.054
40-44	\$0.045	\$0.095
45-49	\$0.069	\$0.138
50-54	\$0.106	\$0.224
55-59	\$0.198	\$0.403
60-64	\$0.305	\$0.548
65-69	\$0.569	\$0.754
70-74	\$0.939	\$1.081
75+	\$0.951	\$1.753
Child(ren)*		
\$2,500		\$0.54
\$5,000		\$1.05
\$10,000		\$2.10

* You must purchase Associate coverage to elect this coverage.
** Cannot exceed associate coverage (Basic + Supplemental coverage).

Critical Illness

Biweekly Paycheck Deductions

\$5,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18-24	\$0.85	\$1.65	\$0.85	\$1.65
25-29	\$0.91	\$1.89	\$0.91	\$1.89
30-34	\$1.08	\$2.23	\$1.08	\$2.23
35-39	\$1.44	\$2.84	\$1.44	\$2.84
40-44	\$2.14	\$4.20	\$2.14	\$4.20
45-49	\$2.73	\$5.26	\$2.73	\$5.26
50-54	\$2.99	\$6.64	\$2.99	\$6.64
55-59	\$3.44	\$7.91	\$3.44	\$7.91
60-64	\$3.79	\$8.90	\$3.79	\$8.90
65-69	\$4.16	\$9.72	\$4.16	\$9.72
70+	\$5.76	\$14.70	\$5.76	\$14.70

\$10,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18-24	\$1.49	\$3.08	\$1.49	\$3.08
25-29	\$1.55	\$3.23	\$1.55	\$3.23
30-34	\$1.86	\$3.84	\$1.86	\$3.84
35-39	\$2.75	\$5.64	\$2.75	\$5.64
40-44	\$4.05	\$8.25	\$4.05	\$8.25
45-49	\$5.14	\$10.85	\$5.14	\$10.85
50-54	\$6.03	\$13.99	\$6.03	\$13.99
55-59	\$6.75	\$16.50	\$6.75	\$16.50
60-64	\$7.62	\$19.29	\$7.62	\$19.29
65-69	\$8.65	\$20.89	\$8.65	\$20.89
70+	\$12.06	\$31.82	\$12.06	\$31.82

\$20,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18-24	\$2.75	\$5.70	\$2.75	\$5.70
25-29	\$2.82	\$5.92	\$2.82	\$5.92
30-34	\$3.40	\$7.05	\$3.40	\$7.05
35-39	\$5.11	\$10.52	\$5.11	\$10.52
40-44	\$7.68	\$15.69	\$7.68	\$15.69
45-49	\$9.84	\$20.88	\$9.84	\$20.88
50-54	\$11.60	\$27.16	\$11.60	\$27.16
55-59	\$13.10	\$32.28	\$13.10	\$32.28
60-64	\$14.88	\$37.97	\$14.88	\$37.97
65-69	\$17.00	\$41.30	\$17.00	\$41.30
70+	\$23.87	\$63.25	\$23.87	\$63.25

\$30,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18-24	\$4.00	\$8.32	\$4.00	\$8.32
25-29	\$4.09	\$8.60	\$4.09	\$8.60
30-34	\$4.94	\$10.25	\$4.94	\$10.25
35-39	\$7.47	\$15.40	\$7.47	\$15.40
40-44	\$11.29	\$23.12	\$11.29	\$23.12
45-49	\$14.55	\$30.92	\$14.55	\$30.92
50-54	\$17.18	\$40.33	\$17.18	\$40.33
55-59	\$19.44	\$48.06	\$19.44	\$48.06
60-64	\$22.14	\$56.64	\$22.14	\$56.64
65-69	\$25.35	\$61.72	\$25.35	\$61.72
70+	\$35.67	\$94.67	\$35.67	\$94.67

\$40,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	\$5.26	\$10.93	\$5.26	\$10.93
25-29	\$5.36	\$11.28	\$5.36	\$11.28
30-34	\$6.48	\$13.46	\$6.48	\$13.46
35-39	\$9.84	\$20.28	\$9.84	\$20.28
40-44	\$14.91	\$30.56	\$14.91	\$30.56
45-49	\$19.25	\$40.96	\$19.25	\$40.96
50-54	\$22.76	\$53.51	\$22.76	\$53.51
55-59	\$25.80	\$63.84	\$25.80	\$63.84
60-64	\$29.40	\$75.31	\$29.40	\$75.31
65-69	\$33.70	\$82.13	\$33.70	\$82.13
70+	\$47.48	\$126.10	\$47.48	\$126.10

\$50,000 Coverage				
Age	You Only	You + Spouse	You + Child(ren)	You+ Family
18–24	\$6.52	\$13.56	\$6.52	\$13.56
25-29	\$6.64	\$13.96	\$6.64	\$13.96
30-34	\$8.03	\$16.66	\$8.03	\$16.66
35-39	\$12.20	\$25.16	\$12.20	\$25.16
40-44	\$18.53	\$37.99	\$18.53	\$37.99
45-49	\$23.95	\$51.00	\$23.95	\$51.00
50-54	\$28.34	\$66.68	\$28.34	\$66.68
55-59	\$32.14	\$79.62	\$32.14	\$79.62
60-64	\$36.65	\$93.98	\$36.65	\$93.98
65-69	\$42.06	\$102.55	\$42.06	\$102.55
70+	\$59.30	\$157.52	\$59.30	\$157.52

Accident

Biweekly Paycheck Deductions

Coverage Level	
You Only	\$1.59
You + Spouse	\$3.19
You + Child(ren)	\$3.36
You+ Family	\$4.95

Hospital Indemnity

Biweekly Paycheck Deductions

Coverage Level	
You Only	\$4.10
You + Spouse	\$8.20
You + Child(ren)	\$7.38
You+ Family	\$11.48