



2027 Paycheck Deductions

U.S. Full-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.

Medical

Annual Base Compensation Less than \$70,000

Biweekly Paycheck Deductions

Coverage Level	Value Medical	HDHP with HSA	Basic PPO	Premium PPO
You Only	\$15	\$45	\$72	\$108
You + Spouse	\$51	\$168	\$196	\$264
You + Child(ren)	\$22	\$84	\$145	\$186
You+ Family	\$70	\$224	\$269	\$342

Annual Base Compensation \$70,000 or More

Biweekly Paycheck Deductions

Coverage Level	Value Medical	HDHP with HSA	Basic PPO	Premium PPO
You Only	\$66	\$112	\$112	\$150
You + Spouse	\$156	\$224	\$336	\$414
You + Child(ren)	\$90	\$168	\$202	\$246
You+ Family	\$216	\$308	\$425	\$510

Dental

Biweekly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus	DHMO
You Only	\$8	\$19	\$7
You + Spouse	\$19	\$42	\$15
You + Child(ren)	\$16	\$37	\$18
You+ Family	\$25	\$59	\$28

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

Supplemental Life and AD&D Insurance

Biweekly Paycheck Deductions

Age	Associate		Spouse/Domestic Partner	
	Per \$1,000 of Coverage 1x-8x Annual Earnings Up to \$5 Million		Per \$1,000 of Coverage \$10,00-\$250,000**	
	Non-Tobacco User	Tobacco User	Non-Tobacco User	Tobacco User
<25	\$0.016	\$0.020	\$0.037	\$0.046
25-29	\$0.016	\$0.020	\$0.037	\$0.046
30-34	\$0.016	\$0.020	\$0.042	\$0.051
35-39	\$0.021	\$0.027	\$0.047	\$0.060
40-44	\$0.029	\$0.037	\$0.084	\$0.106
45-49	\$0.045	\$0.057	\$0.125	\$0.152
50-54	\$0.070	\$0.088	\$0.198	\$0.250
55-59	\$0.129	\$0.163	\$0.357	\$0.450
60-64	\$0.199	\$0.251	\$0.485	\$0.612
65-69	\$0.329	\$0.415	\$0.667	\$0.842
70-74	\$0.558	\$0.705	\$1.081	\$1.326
75+	\$0.744	\$0.879	\$1.753	\$2.104
Child(ren)*				
\$10,000			\$0.231	
\$15,000			\$0.346	
\$20,000			\$0.462	

* You must purchase Associate coverage to elect this coverage.

** Cannot exceed associate coverage (Basic + Supplemental coverage).

Supplemental Long-Term Disability

Biweekly Paycheck Deductions

Coverage Level	
Associate	\$0.167 per \$100 covered amount

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

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	\$63.24	\$23.87	\$63.24

\$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	\$75.30	\$29.40	\$75.30
65-69	\$33.70	\$82.13	\$33.70	\$82.13
70+	\$47.48	\$126.09	\$47.48	\$126.09

\$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	\$102.54	\$42.06	\$102.54
70+	\$59.29	\$157.52	\$59.29	\$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