**Cost Worksheet –NMS**

This worksheet is designed to assist you in determining your benefit options and the associated costs for insurance for the current plan year.

All costs are based on a ***semi-monthly pay period*.**

Contributions for voluntary employee life and spouse life are based on age as of January 1st 2022

Your costs for long-term disability and short-term disability may change based on your W2 earnings for the previous calendar year. Please refer to your Summary Plan Description for your definition of earnings.

***Medical 01/01/2022***

**Coverage**

Employee Only

Employee & Spouse

Employee &Child(ren)

Employee & Family

**Rates per PayCheck**

$177.18

$628.31

$410.49

$890.62

**01/01/2022**

***Dental***

**Coverage**

Employee Only

Employee & Spouse

Employee &Child(ren)

Employee & Family

**Rates per PayCheck**

$23.53

$52.08

$54.71

$86.16

**01/01/2022 Co-Pay $10.00**

***Vision Basic***

**Coverage**

Employee Only

Employee & Spouse

Employee &Child(ren)

Employee & Family

**Rates per PayCheck**

$0.83

$1.33

$1.36

$2.19

***Vision Buy-Up***

**01/01/2022 Co-Pay $10.00**

**Coverage**  **Rates per PayCheck**

Employee Only $7.63

Employee & Spouse $12.21

Employee &Child(ren) $12.46

Employee & Family $20.09

|  |  |
| --- | --- |
| **Short-Term Disability (STD)\*The Company will contribute $5.00 per month** | **01/01/2022** |
|  |  |

Please refer page 3 and 4 for Price calculation.

STD Rates might differ based on the volume of enrollment.

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| --- | --- |
| **Long-Term Disability (LTD). The Company will contribute $5 per month** | **01/01/2022** |

Please refer page 3 and 4 for Price calculation.

***Employee Voluntary Life Insurance***

**01/01/2022**

***Minimum amount of $10,000 up to maximum of $500,000 in increments of $10,000*Age**  **<30**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **<30** | **30-34** | **35-39** | **40-44** | **45-49** | **50-54** | **55-59** | **60-64** | **65-69** | **70+** |
| **Rate per $1,000** | $0.08 | $0.890 | $0.133 | $0.216 | $0.332 | $0.541 | $0.850 | $1.179 | $2.177 | $3.605 |

Coverage Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_ Your Rate By Age: \_\_\_\_\_\_\_\_\_\_\_

Coverage Amount Requested Divided by 1,000 = \_\_\_\_\_\_\_\_\_\_ (Multiplier)

\_\_\_\_\_\_\_\_\_\_ (Multiplier) x \_\_\_\_\_\_\_\_\_\_ (Your Rate) =\_\_\_\_\_\_\_\_\_\_ (Monthly Cost) / 2 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Per Pay Period Cost)

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**01/01/2022**

***Spouse Life Insurance***

***Minimum amount of $5000 and Maximum amount of $100,000 in increments of $5000.***

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** | **<30** | **30-34** | **35-39** | **40-44** | **45-49** | **50-54** | **55-59** | **60-64** | **65-69** | **70+** |
| **Rate per $1,000** | $0.08 | $0.890 | $0.133 | $0.216 | $0.332 | $0.541 | $0.850 | $1.179 | $2.177 | $3.605 |

Coverage Amount Requested: $ \_\_\_\_\_\_\_\_\_\_Your Spouse's Rate By Age: \_\_\_\_\_\_\_\_\_\_

Coverage Amount Requested Divided by 1,000 =\_\_\_\_\_\_\_\_\_\_ (Multiplier)

\_\_\_\_\_\_\_\_\_\_ (Multiplier) x \_\_\_\_\_\_\_\_\_\_ (Your Rate) =\_\_\_\_\_\_\_\_\_\_ (Monthly Cost) / 2 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Per Pay Period Cost)

Employee coverage is required for spouse to elect coverage.

(Spouse life insurance cannot exceed 100% of employee coverage.)

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|  |

***Child Life Insurance – Per Child* Coverage**  **$2,5000 $7,500**  **$10,000**  **Decline**

**01/01/2022**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Coverage** | **5000** | **10000** |  |  | **Decline** |
| **Pay Period Cost** | $1.00 | $2.00 |  |  | $0.00 |

**Coverage**

**Talent Logic**

Voluntary LTD

**Estimated Monthly Premium**

End of Rate Guarantee Period: 12/31/2022

1. Monthly Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your monthly salary is greater than $16,666.67 then use $16,666.67 as your salary in step 2.

2. Multiply Monthly Salary by Age rate: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 24 & Under 0.0035

25-29 0.0043

30-34 0.0060

35-39 0.0096

40-44 0.0125

45-49 0.0147

50-54 0.0215

55-59 0.0235

60-64 0.0183

65-69 0.0163

70+ 0.0081

Your estimated monthly premium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examples:**

1. Sally is 30 years old. She wants the income protection of long-term disability insurance.

Her monthly salary is: **$8,000.00**

Sally's rate is: **0**.**0060**

**$8,000.00 X 0.0060**

**= $48.00** estimated monthly premium.

2. John is 55 years old, He wants the income protection of long-term disability insurance.

His monthly salary is: **$19,000.00**

John's monthly salary is limited to the covered monthly earnings max of $16,666.67

John's rate is: **.0235**

**$16,666.67 X .0235**

**= $391.67** estimated monthly premium

To determine monthly benefit amount:

Multiply Monthly Salary (from step #1 above) by: 0.60

Estimated Monthly Benefit Amount = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Talent Logic**

Voluntary STD

**Estimated Monthly Premium**

End of Rate Guarantee Period: 12/31/2022

1. Monthly Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your weekly salary is greater than $2,500.00 then use $2,500.00 as your salary in step 2.

2. Multiply Weekly Salary by 0.60

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_ This is your weekly benefit amount.

3. Multiply Weekly Benefit Amount by Age rate: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age 24 & Under 0.058

25-29 0.062

30-34 0.086

35-39 0.059

40-44 0.034

45-49 0.028

50-54 0.037

55-59 0.046

60-64 0.040

65-69 0.063

70+ 0.067

Your estimated monthly premium:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Examples:**

1. Sally is 26 years old. She wants the income protection of short-term disability insurance.

Her weekly salary is: **$1,500.00**

Sally's Weekly benefit is: **$1,500.00 X 0.60 = $900.00**

Her rate is: **0.062**

**= $55.80** estimated monthly premium.

Estimated Monthly Benefit Amount = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_