

# 2026 Monthly Voluntary Benefit Premiums

SCA/CBA/DBA



Prudential - Voluntary Life (Employee or Spouse) (Post Tax Deduction)		
AGE (BASED ON EMPLOYEE'S AGE AS OF JAN 1)	MONTHLY RATE PER \$1,000 OF COVERAGE	PREMIUM CALCULATION EXAMPLE
<25	\$0.05	1. RATE FROM TABLE (I.E., AGE 30-34)
25-29	\$0.06	
30-34	\$0.08	
35-39	\$0.09	
40-44	\$0.12	2. COVERAGE AMOUNT DIVIDED BY \$1,000 (\$120,000)
45-49	\$0.21	
50-54	\$0.35	
55-59	\$0.57	
60-64	\$0.77	3. MONTHLY PREMIUM (1) X (2)
65-69	\$1.27	
70-74	\$2.06	
75+	\$2.06	

Prudential - Voluntary AD&D (Employee or Spouse) (Post Tax Deduction)	Prudential - Voluntary Child Life (Post Tax Deduction)
MONTHLY RATE PER \$1,000 OF COVERAGE	MONTHLY RATE PER \$1,000 OF COVERAGE
\$0.017	\$0.086

Prudential - Long Term Disability (Post Tax Deduction)	
AGE (BASED ON EMPLOYEE'S AGE AS OF JAN 1)	MONTHLY RATE PER \$100 OF PAYROLL
<25	\$0.114
25-29	\$0.157
30-34	\$0.234
35-39	\$0.325
40-44	\$0.435
45-49	\$0.591
50-54	\$0.751
55-59	\$0.924
60-64	\$0.968
65-69	\$1.011
70-74	\$1.011
75+	\$1.011

TRICARE Supplement (Pre Tax Deduction)	
Coverage Tier	Employee Cost
Employee Only	\$67.50
Employee + One	\$132.50
Employee + Family	\$178.50

Norton LifeLock - ID Theft Protection (Post Tax Deduction)	
Coverage Tier	Employee Cost
Employee Only	Essential Plan \$6.99
	Premier \$11.49
Employee & Family	Essential Plan \$13.98
	Premier \$22.98

# 2026 Monthly Voluntary Benefit Premiums



SCA/CBA/DBA (Continued)

MetLife Legal (Post Tax Deduction)	
Employee	\$16.50
Plus Parents	\$21.00

Pet Insurance (Post Tax Deduction)
Rates vary

Farmer's Auto & Home Insurance (Post Tax Deduction)
Rates vary

BASIC LIFE & AD&D & Short-Term Disability *		
Basic Life	\$0.0730 Per \$1,000 Benefit	May be subject to H&W or Payroll deduction*
Basic AD&D	\$0.0140 Per \$1,000 Benefit	May be subject to H&W or Payroll deduction*
Short-Term Disability	\$0.5400 Per \$10 Benefit	May be subject to H&W or Payroll deduction*

\*may vary per Contract/CBA

Prudential - Hospital Indemnity (Post-Tax Deduction)			
Tier/Plan Option	Low Plan	Medium Plan	High Plan
Employee Only	\$9.20	\$15.97	\$26.15
Employee + Spouse	\$19.51	\$33.72	\$54.99
Employee + Child(ren)	\$13.24	\$22.90	\$36.95
Family	\$24.53	\$42.33	\$68.40

Prudential - Accident Insurance (Post-Tax Deduction)			
Tier/Plan Option	Low Plan	Medium Plan	High Plan
Employee Only	\$4.16	\$5.16	\$7.18
Employee + Spouse	\$6.20	\$7.72	\$10.76
Employee + Children	\$8.50	\$10.06	\$13.26
Employee + Family	\$11.37	\$13.65	\$18.27

Prudential - Critical Illness (Post-Tax Deduction)			
Employee Attained Age	Monthly Rate per \$1,000 of Coverage		
	Employee	Spouse	Child(ren)
<25	\$0.158	\$0.083	\$0.040
25-29	\$0.205	\$0.108	
30-34	\$0.296	\$0.157	
35-39	\$0.489	\$0.261	
40-44	\$0.805	\$0.435	
45-49	\$1.234	\$0.665	
50-54	\$1.846	\$0.992	
55-59	\$2.672	\$1.434	
60-64	\$3.816	\$2.055	
65-69	\$5.492	\$2.977	
70-74	\$7.250	\$3.969	
75-79	\$9.407	\$5.176	
80-84	\$12.857	\$6.915	
85+	\$18.317	\$9.978	