**ABC Company - Employee Benefits Pricing Guide (Effective January 1, 2025)**

This guide outlines the estimated **employee contribution** amounts per pay period for the benefits offered by ABC Company. Costs shown are based on a **Bi-Weekly pay schedule (26 pay periods per year)**.

**Important Notes:**

* These are the amounts deducted from your paycheck before taxes (for Medical, Dental, Vision, HSA, FSAs, Commuter) or after taxes (for Supplemental Life, ESPP, Roth 401(k)), depending on the benefit and your election.
* Your actual costs will be confirmed during the enrollment process in Workday and reflected on your pay statement.
* This guide is for informational purposes. Official plan documents and enrollment materials on the **ABC Company Benefits Portal (https://benefits.abccompany.com)** govern all plan details and costs.

**I. Medical Plan Premiums (Bi-Weekly Employee Contribution)**

ABC Company pays a significant portion of the total medical premium cost. Your contribution depends on the plan you choose and who you cover.

|  |  |  |
| --- | --- | --- |
| Coverage Tier | BCBS PPO Plan (Employee Cost Per Pay Period) | BCBS HDHP with HSA (Employee Cost Per Pay Period) |
| Employee Only | $62.00 | $35.00 |
| Employee + Spouse | $195.00 | $110.00 |
| Employee + Child(ren) | $170.00 | $95.00 |
| Employee + Family | $290.00 | $165.00 |

*Remember: When enrolling in the HDHP, you are also eligible for an ABC Company contribution to your Health Savings Account (HSA) - $500/year for Employee Only, $1,000/year for family tiers, deposited bi-weekly.*

**II. Dental Plan Premiums (Bi-Weekly Employee Contribution)**

Delta Dental PPO Plan costs:

|  |  |
| --- | --- |
| Coverage Tier | Delta Dental PPO (Employee Cost Per Pay Period) |
| Employee Only | $12.50 |
| Employee + Spouse | $26.00 |
| Employee + Child(ren) | $30.00 |
| Employee + Family | $45.00 |

**III. Vision Plan Premiums (Bi-Weekly Employee Contribution)**

VSP Vision Plan costs:

|  |  |
| --- | --- |
| Coverage Tier | VSP Vision (Employee Cost Per Pay Period) |
| Employee Only | $3.50 |
| Employee + Spouse | $6.80 |
| Employee + Child(ren) | $7.10 |
| Employee + Family | $11.00 |

**IV. Supplemental Life & AD&D Insurance Premiums (Employee-Paid)**

Costs for Supplemental Life Insurance vary based on:

1. **Your Age:** Rates increase in age bands (e.g., 25-29, 30-34, etc.).
2. **Coverage Amount Elected:** You choose coverage amounts (e.g., multiples of salary or flat dollar increments). Rates are typically expressed *per $1,000 of coverage*.
3. **Tobacco Use:** Rates are significantly lower for non-tobacco users.

**Example Employee Supplemental Life Rates (Monthly Cost Per $1,000 of Coverage - Non-Tobacco User):**

|  |  |
| --- | --- |
| Age Band | Sample Monthly Rate per $1,000 |
| < 30 | $0.05 |
| 30-34 | $0.06 |
| 35-39 | $0.08 |
| 40-44 | $0.10 |
| 45-49 | $0.15 |
| 50-54 | $0.23 |
| 55-59 | $0.43 |
| 60-64 | $0.66 |
| 65-69 | $1.27 |
| 70+ | $2.06 |

* **To Calculate Your Cost:** (Coverage Amount / $1,000) \* Monthly Rate = Monthly Cost. Divide the monthly cost by 2 for the approximate bi-weekly payroll deduction.
* **Personalized Rates:** You will see your specific calculated premium based on your age, tobacco status, and elected coverage amount during the enrollment process in Workday or via The Hartford's portal/tools.

**Spouse Supplemental Life:** Premiums are also based on the *spouse's age*, tobacco status, and the coverage amount elected (e.g., $10k, $25k, $50k options). Rates per $1,000 are similar to employee rates.

**Child Supplemental Life:** Typically offered as a flat premium for a set coverage amount (e.g., **$1.50 per pay period for $10,000** coverage) regardless of the number of eligible children covered.

**V. Savings & Spending Accounts (Employee Contributions)**

* **Health Savings Account (HSA):** Available only with the HDHP. Your "cost" is the pre-tax amount you *elect* to contribute per pay period via payroll deduction, up to the IRS annual limit (less ABC Company's contribution).
* **Flexible Spending Accounts (FSAs - Health Care & Dependent Care):** Your "cost" is the pre-tax amount you *elect* to contribute per pay period via payroll deduction during Open Enrollment, up to the IRS annual limit for the specific FSA type.
* **401(k) Retirement Savings Plan:** Your "cost" is the percentage of eligible pay (or flat dollar amount) you *elect* to contribute per pay period, as either Pre-Tax or Roth contributions, up to IRS limits. Remember the valuable ABC Company match!

**VI. Other Benefits & Perks**

* **Commuter Benefits:** Your "cost" is the pre-tax amount you *elect* to contribute per pay period for transit or parking, up to IRS limits.
* **Employee Stock Purchase Plan (ESPP):** Your "cost" is the percentage of eligible after-tax pay (e.g., 1% to 15%) you *elect* to contribute via payroll deduction during the offering period.
* **Voluntary Benefits (Pet, ID Theft, Legal, Critical Illness, Accident):** Premiums vary widely based on the vendor, the specific plan/coverage level you choose, your age (for some), and who you cover. Detailed pricing is available within the enrollment system (Workday or vendor portal links) during Open Enrollment.

**VII. Company-Paid Benefits (No Employee Cost)**

ABC Company provides the following valuable benefits at **no cost** to eligible employees:

* **Basic Life Insurance** (1x salary up to $250k)
* **Basic AD&D Insurance** (Matches Basic Life amount)
* **Short-Term Disability (STD)** (60% of income replacement)
* **Long-Term Disability (LTD)** (60% of income replacement)
* **Employee Assistance Program (EAP)** (Confidential counseling & resources)
* **Wellness Program Components** (Access to discounts, challenges, etc.)
* **Parental Leave** (6 weeks paid)

**Questions?**

For questions about benefit costs or enrollment, please contact the **ABC Company HR/Benefits Team** at HRHelp@abccompany.com or **(555) 123-4567**, or visit the **ABC Company Benefits Portal:** https://benefits.abccompany.com.

**Disclaimer:** This pricing guide is intended as a helpful summary based on a bi-weekly pay schedule. Premiums are subject to change annually. The official enrollment materials and plan documents contain the final, governing contribution amounts and plan details.