

# Assurant Benefits Program

2027 Health, Dental and Vision Plan



Your deductions may differ slightly due to rounding. Non-tobacco users will receive a separate **Tobacco-Free health credit of \$23.08 per paycheck** under the Assurant Health Plan, lowering your total contribution. The credit does not apply to dental or vision.

## Full-Time Employees Per-Pay Period Rates

| Coverage Level   | EE Only  |           | EE + SP  |           | EE + CH  |           | EE + SP + CH |           | EE + DP  |           | EE + CP + CH |           | EE + DP + CP + CH |           | EE + DP + CH |           |
|------------------|----------|-----------|----------|-----------|----------|-----------|--------------|-----------|----------|-----------|--------------|-----------|-------------------|-----------|--------------|-----------|
| Health Plan      | Pre-Tax  | After-Tax | Pre-Tax  | After-Tax | Pre-Tax  | After-Tax | Pre-Tax      | After-Tax | Pre-Tax  | After-Tax | Pre-Tax      | After-Tax | Pre-Tax           | After-Tax | Pre-Tax      | After-Tax |
| Purple           | \$114.79 | \$0.00    | \$319.85 | \$0.00    | \$294.37 | \$0.00    | \$428.11     | \$0.00    | \$114.79 | \$205.06  | \$114.79     | \$179.58  | \$114.79          | \$313.32  | \$294.37     | \$133.74  |
| Blue             | \$191.45 | \$0.00    | \$473.60 | \$0.00    | \$428.65 | \$0.00    | \$653.65     | \$0.00    | \$191.45 | \$282.15  | \$191.45     | \$237.20  | \$191.45          | \$462.20  | \$428.65     | \$225.00  |
| Green            | \$109.26 | \$0.00    | \$282.54 | \$0.00    | \$256.33 | \$0.00    | \$386.05     | \$0.00    | \$109.26 | \$173.28  | \$109.26     | \$147.07  | \$109.26          | \$276.79  | \$256.33     | \$129.72  |
| Orange           | \$59.87  | \$0.00    | \$135.89 | \$0.00    | \$127.57 | \$0.00    | \$169.50     | \$0.00    | \$59.87  | \$76.02   | \$59.87      | \$67.70   | \$59.87           | \$109.63  | \$127.57     | \$41.93   |
| Dental Low Plan  | \$4.87   | \$0.00    | \$9.63   | \$0.00    | \$11.99  | \$0.00    | \$17.03      | \$0.00    | \$4.87   | \$4.76    | \$4.87       | \$7.12    | \$4.87            | \$12.16   | \$11.99      | \$5.04    |
| Dental High Plan | \$8.61   | \$0.00    | \$17.03  | \$0.00    | \$21.20  | \$0.00    | \$30.12      | \$0.00    | \$8.61   | \$8.42    | \$8.61       | \$12.60   | \$8.61            | \$21.51   | \$21.20      | \$8.92    |
| Vision Plan      | \$2.88   | \$0.00    | \$5.75   | \$0.00    | \$5.89   | \$0.00    | \$8.77       | \$0.00    | \$2.88   | \$2.88    | \$2.88       | \$3.02    | \$2.88            | \$5.89    | \$5.89       | \$2.88    |

## Part-Time Employees Per-Pay Period Rates

| Coverage Level   | EE Only  |           | EE + SP  |           | EE + CH  |           | EE + SP + CH |           | EE + DP  |           | EE + CP + CH |           | EE + DP + CP + CH |           | EE + DP + CH |           |
|------------------|----------|-----------|----------|-----------|----------|-----------|--------------|-----------|----------|-----------|--------------|-----------|-------------------|-----------|--------------|-----------|
| Health Plan      | Pre-Tax  | After-Tax | Pre-Tax  | After-Tax | Pre-Tax  | After-Tax | Pre-Tax      | After-Tax | Pre-Tax  | After-Tax | Pre-Tax      | After-Tax | Pre-Tax           | After-Tax | Pre-Tax      | After-Tax |
| Purple           | \$212.84 | \$0.00    | \$487.62 | \$0.00    | \$444.28 | \$0.00    | \$665.72     | \$0.00    | \$212.84 | \$274.78  | \$212.84     | \$231.44  | \$212.84          | \$452.88  | \$444.28     | \$221.44  |
| Blue             | \$290.45 | \$0.00    | \$643.14 | \$0.00    | \$581.19 | \$0.00    | \$891.18     | \$0.00    | \$290.45 | \$352.69  | \$290.45     | \$290.74  | \$290.45          | \$600.73  | \$581.19     | \$309.99  |
| Green            | \$206.60 | \$0.00    | \$455.45 | \$0.00    | \$413.01 | \$0.00    | \$624.19     | \$0.00    | \$206.60 | \$248.85  | \$206.60     | \$206.41  | \$206.60          | \$417.59  | \$413.01     | \$211.18  |
| Orange           | \$78.00  | \$0.00    | \$307.37 | \$0.00    | \$282.16 | \$0.00    | \$408.48     | \$0.00    | \$78.00  | \$229.37  | \$78.00      | \$204.16  | \$78.00           | \$330.48  | \$282.16     | \$126.32  |
| Dental Low Plan  | \$6.95   | \$0.00    | \$13.81  | \$0.00    | \$17.23  | \$0.00    | \$24.30      | \$0.00    | \$6.95   | \$6.86    | \$6.95       | \$10.28   | \$6.95            | \$17.35   | \$17.23      | \$7.07    |
| Dental High Plan | \$10.83  | \$0.00    | \$21.52  | \$0.00    | \$26.84  | \$0.00    | \$37.90      | \$0.00    | \$10.83  | \$10.69   | \$10.83      | \$16.01   | \$10.83           | \$27.07   | \$26.84      | \$11.06   |
| Vision Plan      | \$2.88   | \$0.00    | \$5.75   | \$0.00    | \$5.89   | \$0.00    | \$8.77       | \$0.00    | \$2.88   | \$2.88    | \$2.88       | \$3.02    | \$2.88            | \$5.89    | \$5.89       | \$2.88    |

EE – Employee SP – Spouse CH – Employee Child DP – Domestic Partner CP – Domestic Partner Child