

## Supplemental Medical Plan Rates – 1/1/2023

### Critical Illness Non-Smoker (100% TM Paid)

	Per Pay (26)					
	\$10,000		\$20,000		\$30,000	
	Team Member	Family	Team Member	Family	Team Member	Family
<b>Age 16</b>	\$1.43	\$2.66	\$1.98	\$3.54	\$2.51	\$4.42
<b>Age 20</b>	\$1.43	\$2.66	\$1.98	\$3.54	\$2.51	\$4.42
<b>Age 25</b>	\$1.85	\$3.35	\$2.82	\$4.91	\$3.76	\$6.45
<b>Age 30</b>	\$2.40	\$4.28	\$3.82	\$6.56	\$5.23	\$8.86
<b>Age 35</b>	\$2.71	\$4.74	\$4.50	\$7.65	\$6.30	\$10.58
<b>Age 40</b>	\$3.30	\$5.66	\$5.76	\$9.66	\$8.24	\$13.68
<b>Age 45</b>	\$4.68	\$7.90	\$8.54	\$14.16	\$12.38	\$20.40
<b>Age 50</b>	\$6.40	\$10.67	\$12.07	\$19.86	\$17.72	\$29.02
<b>Age 55</b>	\$10.06	\$16.58	\$19.29	\$31.54	\$28.54	\$46.51
<b>Age 60</b>	\$11.57	\$19.01	\$22.50	\$36.69	\$33.41	\$54.38
<b>Age 65</b>	\$19.70	\$32.28	\$38.58	\$62.90	\$57.48	\$93.54
<b>Age 70</b>	\$24.66	\$40.42	\$48.48	\$79.20	\$72.32	\$117.98

### Critical Illness Smoker (100% TM Paid)

	Per Pay (26)					
	\$10,000		\$20,000		\$30,000	
	Team Member	Family	Team Member	Family	Team Member	Family
<b>Age 16</b>	\$1.64	\$2.98	\$2.46	\$4.30	\$3.28	\$5.64
<b>Age 20</b>	\$1.64	\$2.98	\$2.46	\$4.30	\$3.28	\$5.64
<b>Age 25</b>	\$2.28	\$4.02	\$3.74	\$6.38	\$5.22	\$8.76
<b>Age 30</b>	\$3.06	\$5.33	\$5.23	\$8.82	\$7.39	\$12.34
<b>Age 35</b>	\$3.79	\$6.49	\$6.70	\$11.22	\$9.62	\$15.93
<b>Age 40</b>	\$5.24	\$8.82	\$9.62	\$15.92	\$13.98	\$23.02
<b>Age 45</b>	\$7.32	\$12.18	\$13.82	\$22.72	\$20.32	\$33.26
<b>Age 50</b>	\$9.50	\$15.67	\$18.31	\$29.94	\$27.12	\$44.22
<b>Age 55</b>	\$13.38	\$21.90	\$26.08	\$42.51	\$38.78	\$63.07
<b>Age 60</b>	\$18.67	\$30.50	\$36.71	\$59.71	\$54.72	\$88.91
<b>Age 65</b>	\$32.64	\$53.26	\$64.46	\$104.88	\$96.26	\$156.50
<b>Age 70</b>	\$32.64	\$53.26	\$64.46	\$104.88	\$96.26	\$156.50

### Accident (100% TM Paid)

	Per Pay (26)	
	Low Plan	High Plan
Team Member	\$3.89	\$7.16
Team Member + Spouse/DP	\$6.66	\$11.93
Team Member + Child	\$7.04	\$12.14
Family	\$9.21	\$16.62

### Hospital Indemnity

	Per Pay (26)		
	Total Premium	TM Contribution	Inova Cost
<b>Inova-Paid Low Plan (for team members in HDP)</b>			
Team Member	\$4.99	\$0.00	\$4.99
Team Member + Spouse/DP	\$11.13	\$0.00	\$11.13
Team Member + Child	\$8.48	\$0.00	\$8.48
Family	\$14.05	\$0.00	\$14.05
<b>Voluntary Buy-Up High (for team members in HDP)</b>			
Team Member	\$12.25	\$7.26	\$4.99
Team Member + Spouse/DP	\$27.30	\$16.17	\$11.13
Team Member + Child	\$20.81	\$12.32	\$8.49
Family	\$34.46	\$20.41	\$14.05
<b>Voluntary Low</b>			
Team Member	\$6.63	\$6.63	\$0.00
Team Member + Spouse/DP	\$14.82	\$14.82	\$0.00
Team Member + Child	\$11.31	\$11.31	\$0.00
Family	\$18.72	\$18.72	\$0.00
<b>Voluntary High</b>			
Team Member	\$12.25	\$12.25	\$0.00
Team Member + Spouse/DP	\$27.30	\$27.30	\$0.00
Team Member + Child	\$20.81	\$20.81	\$0.00
Family	\$34.46	\$34.46	\$0.00