

Salaried

2025 Bi-Weekly Payroll Deductions for Benefits

What you will pay every paycheck for Medical, Dental, and Vision coverage

Benefit Plan	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child	Employee + Child(ren)	Employee + Family
Medical - CareFirst					
HSA 5000	\$91.86	\$218.78	\$168.98	\$168.98	\$279.73
Medical - CareFirst					
HSA 2000	\$103.52	\$258.35	\$194.39	\$194.39	\$335.87
Dental - MetLife					
Core Plan	\$9.45	\$24.40	\$24.40	\$44.46	\$44.46
Core Plus Plan	\$12.72	\$32.69	\$32.69	\$57.64	\$57.64
Vision - VSP					
	\$2.50	\$5.48	\$5.60	\$5.60	\$9.02

Supplemental Life and AD&D Monthly Rates - MetLife		
Age	Employee per \$1,000	Spouse* per \$1,000
less than 30	\$0.088	\$0.088
30-34	\$0.096	\$0.096
35-39	\$0.112	\$0.112
40-44	\$0.151	\$0.151
45-49	\$0.223	\$0.223
50-54	\$0.343	\$0.343
55-59	\$0.542	\$0.542
60-64	\$0.676	\$0.676
65-69	\$1.286	\$1.286
70+	\$2.076	\$2.076

AD&D rates are \$0.016/\$1,000 of Coverage

Children Life and AD&D: \$0.294 per \$1,000

*Spouse rates are based on the employee's age



InfoArmor ID Theft Monthly Rates	
Type of Coverage	Monthly Cost
Individual	\$9.95
Family*	\$17.95

Voluntary LTD Monthly Rates	
Per \$100	
Age	Employee
Less than 35	\$0.129
35-39	\$0.230
40-44	\$0.383
45-49	\$0.521
50-54	\$0.600
55-59	\$0.728
60-64	\$0.654
65+	\$0.606

MetLaw Monthly Rates
Pre-paid Legal Plan
\$22.50 per month for Infinite employees
<i>Your spouse and dependent children also have access to plan benefits for no additional cost</i>

MetLife Group Accident Rates and Cost Information			
Monthly Premium			

Employee	Employee & Spouse	Employee & Children	Employee, Spouse & Children
\$11.02	\$19.51	\$22.84	\$28.10



MetLife Group Critical Illness Monthly Premium Structure per \$1,000 of Coverage

Tobacco Rates

Issue Ages	Employee only	Employee + Spouse	Employee & Children	Employee, Spouse & Children
< 25	\$0.53	\$0.86	\$0.73	\$1.06
25 - 29	\$0.53	\$0.86	\$0.73	\$1.06
30 - 34	\$0.76	\$1.17	\$0.96	\$1.37
35 - 39	\$1.07	\$1.61	\$1.27	\$1.81
40 - 44	\$1.70	\$2.49	\$1.90	\$2.69
45 - 49	\$2.45	\$3.56	\$2.65	\$3.75
50 - 54	\$3.49	\$5.00	\$3.69	\$5.20
55 - 59	\$4.78	\$6.81	\$4.97	\$7.01
60 - 64	\$6.78	\$9.62	\$6.98	\$9.82
65 - 69	\$9.32	\$13.25	\$9.52	\$13.45
70 +	\$12.86	\$18.39	\$13.06	\$18.59

MetLife Group Critical Illness Monthly Premium Structure per \$1,000 of Coverage

Non-Tobacco Rates

Issue Ages	Employee only	Employee + Spouse	Employee & Children	Employee, Spouse & Children
< 25	\$0.38	\$0.63	\$0.58	\$0.83
25 - 29	\$0.38	\$0.63	\$0.58	\$0.83
30 - 34	\$0.52	\$0.82	\$0.71	\$1.01
35 - 39	\$0.70	\$1.08	\$0.90	\$1.28
40 - 44	\$1.08	\$1.60	\$1.28	\$1.80
45 - 49	\$1.52	\$2.23	\$1.72	\$2.43
50 - 54	\$2.13	\$3.08	\$2.33	\$3.28
55 - 59	\$2.88	\$4.14	\$3.08	\$4.33
60 - 64	\$4.04	\$5.77	\$4.24	\$5.97
65 - 69	\$5.46	\$7.82	\$5.66	\$8.01
70 +	\$7.43	\$10.68	\$7.63	\$10.88



MetLife Group Hospital Indemnity Rates and Cost Information
Monthly Premium

Coverage Tier	Low Plan	High Plan
Employee Only	\$11.74	\$23.47
Employee + Spouse	\$23.04	\$46.08
Employee + Children	\$21.24	\$42.47
Family	\$36.13	\$72.26