



YOUR HEALTH



YOUR SECURITY



YOUR LIFESTYLE

2025 BENEFITS PLAN PREMIUMS

Below are the part-time employee contribution amounts for benefits effective January 1, 2025 through December 31, 2025. See your enrollment guide for plan details and enrollment instructions.

Medical Plans

| Monthly Rates* | GOLD PPO |
|-----------------------|------------|
| Employee Only | \$543.48 |
| Employee + Spouse | \$1,246.89 |
| Employee + Child(ren) | \$977.53 |
| Family | \$1,682.72 |

Vision Plans

| Monthly Rates | 2025 VSP BASE PLAN | 2025 VSP BUY-UP PLAN | 2025 VSP BUY-UP PLAN (FOR THOSE ENROLLED IN MEDICAL COVERAGE) |
|-----------------------|--------------------|----------------------|------------------------------------------------------------------|
| Employee Only | \$5.86 | \$13.10 | \$7.24 |
| Employee + Spouse | \$9.33 | \$20.85 | \$11.52 |
| Employee + Child(ren) | \$9.57 | \$21.40 | \$11.83 |
| Family | \$15.41 | \$34.42 | \$19.01 |

Critical Illness Insurance

| Monthly Rates (per 15,000 of coverage) | | | | | | | | | | | |
|-----------------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|----------|
| Age | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| Employee | \$3.45 | \$4.15 | \$5.52 | \$7.60 | \$11.11 | \$16.63 | \$25.68 | \$36.72 | \$53.37 | \$79.75 | \$122.71 |
| Employee + Spouse | \$6.96 | \$7.61 | \$10.40 | \$14.56 | \$20.80 | \$31.92 | \$46.47 | \$65.85 | \$94.32 | \$139.36 | \$215.61 |
| Employee + Child(ren) | \$6.96 | \$6.96 | \$9.03 | \$10.39 | \$14.56 | \$20.09 | \$29.12 | \$40.23 | \$56.16 | \$83.20 | \$125.52 |
| Family | \$10.39 | \$11.12 | \$13.85 | \$18.00 | \$24.24 | \$35.35 | \$49.92 | \$69.36 | \$97.75 | \$142.80 | \$219.12 |

Accident Insurance

| Monthly Rates | |
|-----------------------|---------|
| Employee Only | \$9.00 |
| Employee + Spouse | \$17.52 |
| Employee + Child(ren) | \$20.56 |
| Family | \$24.44 |

Hospital Indemnity Insurance

| Monthly Rates | |
|-----------------------|---------|
| Employee Only | \$12.20 |
| Employee + Spouse | \$28.52 |
| Employee + Child(ren) | \$18.92 |
| Family | \$35.28 |

*Rates shown are for part-time employees.

Note: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.

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