

2023-2024 Benefit Rates

CVS Health Colleagues

These paycheck contributions (premiums) apply to eligible CVS Health colleagues for the plan year of June 1, 2023 – May 31, 2024. You can view your annual benefits base rate (ABBR) on the enrollment system.

Medical Plan — Health Savings Plan (HSP) options and Hybrid Plans

		Semimonthly Paycheck Contributions per Coverage Level			
Plan	ABBR Band	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
HSP 1	Up to \$35,000	\$33.77	\$101.32	\$60.79	\$128.33
	\$35,001 – \$60,000	\$43.90	\$131.71	\$79.02	\$166.83
	\$60,001 – \$110,000	\$74.30	\$222.89	\$133.74	\$282.32
	\$110,001 – \$150,000	\$101.32	\$303.94	\$182.37	\$384.99
	More than \$150,000	\$118.20	\$354.60	\$212.76	\$449.15
HSP 2 OR HSP 1 with APCN Plus Network (available in certain markets)	Up to \$35,000	\$25.33	\$75.99	\$45.59	\$96.25
	\$35,001 – \$60,000	\$32.93	\$98.78	\$59.27	\$125.12
	\$60,001 – \$110,000	\$55.72	\$167.17	\$100.30	\$211.74
	\$110,001 – \$150,000	\$75.99	\$227.95	\$136.77	\$288.74
	More than \$150,000	\$88.65	\$265.94	\$159.57	\$336.87
HSP 3	Up to \$35,000	\$16.90	\$50.68	\$30.41	\$64.20
	\$35,001 – \$60,000	\$21.96	\$65.88	\$39.53	\$83.46
	\$60,001 – \$110,000	\$37.17	\$111.50	\$66.90	\$141.23
	\$110,001 – \$150,000	\$50.68	\$152.04	\$91.22	\$192.58
	More than \$150,000	\$59.13	\$177.38	\$106.43	\$224.68
Hybrid Gold Plan	Up to \$35,000	\$25.33	\$75.99	\$45.59	\$96.25
	\$35,001 – \$60,000	\$32.93	\$98.78	\$59.27	\$125.12
	\$60,001 – \$110,000	\$55.72	\$167.17	\$100.30	\$211.74
	\$110,001 – \$150,000	\$75.99	\$227.95	\$136.77	\$288.74
	More than \$150,000	\$88.65	\$265.94	\$159.57	\$336.87
Hybrid Silver Plan	Up to \$35,000	\$16.05	\$48.15	\$28.89	\$60.98
	\$35,001 – \$60,000	\$20.86	\$62.59	\$37.55	\$79.28
	\$60,001 – \$110,000	\$35.31	\$105.92	\$63.56	\$134.17
	\$110,001 – \$150,000	\$48.15	\$144.44	\$86.66	\$182.95
	More than \$150,000	\$56.17	\$168.51	\$101.11	\$213.44
You are eligible for this plan if your ABBR is \$60,000 or less, and you complete the Health Assessment and HEP Acknowledgment by May 5, 2023.					
Hybrid Engagement Plan	Up to \$35,000	\$16.05	\$48.15	\$28.89	\$60.98
	\$35,001 – \$60,000	\$20.86	\$62.59	\$37.55	\$79.28

Medical Plan — HSP options and Hybrid Plans (continued)

		Biweekly Paycheck Contributions per Coverage Level			
Plan	ABBR Band	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
HSP 1	Up to \$35,000	\$31.17	\$93.52	\$56.11	\$118.46
	\$35,001 – \$60,000	\$40.52	\$121.57	\$72.94	\$153.99
	\$60,001 – \$110,000	\$68.58	\$205.74	\$123.45	\$260.60
	\$110,001 – \$150,000	\$93.52	\$280.56	\$168.34	\$355.37
	More than \$150,000	\$109.10	\$327.32	\$196.39	\$414.60
HSP 2 OR HSP 1 with APCN Plus Network (available in certain markets)	Up to \$35,000	\$23.38	\$70.14	\$42.08	\$88.84
	\$35,001 – \$60,000	\$30.39	\$91.18	\$54.71	\$115.50
	\$60,001 – \$110,000	\$51.43	\$154.31	\$92.58	\$195.45
	\$110,001 – \$150,000	\$70.14	\$210.42	\$126.25	\$266.53
	More than \$150,000	\$81.83	\$245.48	\$147.30	\$310.95
HSP 3	Up to \$35,000	\$15.60	\$46.78	\$28.07	\$59.26
	\$35,001 – \$60,000	\$20.27	\$60.81	\$36.49	\$77.04
	\$60,001 – \$110,000	\$34.31	\$102.92	\$61.75	\$130.37
	\$110,001 – \$150,000	\$46.78	\$140.34	\$84.20	\$177.77
	More than \$150,000	\$54.58	\$163.74	\$98.24	\$207.40
Hybrid Gold Plan	Up to \$35,000	\$23.38	\$70.14	\$42.08	\$88.84
	\$35,001 – \$60,000	\$30.39	\$91.18	\$54.71	\$115.50
	\$60,001 – \$110,000	\$51.43	\$154.31	\$92.58	\$195.45
	\$110,001 – \$150,000	\$70.14	\$210.42	\$126.25	\$266.53
	More than \$150,000	\$81.83	\$245.48	\$147.30	\$310.95
Hybrid Silver Plan	Up to \$35,000	\$14.81	\$44.44	\$26.67	\$56.29
	\$35,001 – \$60,000	\$19.26	\$57.77	\$34.66	\$73.18
	\$60,001 – \$110,000	\$32.59	\$97.77	\$58.67	\$123.84
	\$110,001 – \$150,000	\$44.44	\$133.32	\$79.99	\$168.87
	More than \$150,000	\$51.85	\$155.54	\$93.33	\$197.02
You are eligible for this plan if your ABBR is \$60,000 or less, and you complete the Health Assessment and HEP Acknowledgment by May 5, 2023.					
Hybrid Engagement Plan	Up to \$35,000	\$14.81	\$44.44	\$26.67	\$56.29
	\$35,001 – \$60,000	\$19.26	\$57.77	\$34.66	\$73.18

Fixed Indemnity Plan

For colleagues regularly scheduled to work less than 30 hours per week

Semimonthly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Fixed Indemnity Plan – Low	\$20.60	\$47.59	\$36.58	\$60.60
Aetna Fixed Indemnity Plan – High	\$37.26	\$86.53	\$65.64	\$108.93

Biweekly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Fixed Indemnity Plan – Low	\$19.02	\$43.92	\$33.76	\$55.94
Aetna Fixed Indemnity Plan – High	\$34.40	\$79.88	\$60.60	\$100.56

Supplemental Health Plans

Supplemental health plan options include hospital indemnity and critical illness insurance, for which tobacco and non-tobacco rates apply, and accident indemnity insurance.

Aetna Hospital Indemnity Plan

Semimonthly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Hospital Indemnity Plan – Basic	\$6.48	\$14.40	\$11.04	\$18.26
Aetna Hospital Indemnity Plan – Enhanced	\$12.94	\$28.79	\$22.07	\$36.52

Biweekly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Hospital Indemnity Plan – Basic	\$5.98	\$13.28	\$10.18	\$16.86
Aetna Hospital Indemnity Plan – Enhanced	\$11.94	\$26.58	\$20.38	\$33.72

Aetna Critical Illness Plan

			Semimonthly Paycheck Contributions per Coverage Level			
Plan	Your Age	Tobacco Status	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Critical Illness Plan – Basic	16 – 29	Non-tobacco	\$2.05	\$3.92	\$2.05	\$3.92
	16 – 29	Tobacco	\$3.42	\$6.54	\$3.42	\$6.54
	30 – 39	Non-tobacco	\$3.69	\$7.22	\$3.69	\$7.22
	30 – 39	Tobacco	\$6.36	\$12.44	\$6.36	\$12.44
	40 – 49	Non-tobacco	\$6.96	\$13.78	\$6.96	\$13.78
	40 – 49	Tobacco	\$12.28	\$24.38	\$12.28	\$24.38
	50 – 59	Non-tobacco	\$13.08	\$26.06	\$13.08	\$26.06
	50 – 59	Tobacco	\$23.12	\$46.14	\$23.12	\$46.14
	60+	Non-tobacco	\$22.44	\$44.82	\$22.44	\$44.82
	60+	Tobacco	\$39.74	\$79.53	\$39.74	\$79.53
Aetna Critical Illness Plan – Enhanced	16 – 29	Non-tobacco	\$5.11	\$9.80	\$5.11	\$9.80
	16 – 29	Tobacco	\$8.56	\$16.31	\$8.56	\$16.31
	30 – 39	Non-tobacco	\$9.22	\$18.04	\$9.22	\$18.04
	30 – 39	Tobacco	\$15.89	\$31.06	\$15.89	\$31.06
	40 – 49	Non-tobacco	\$17.37	\$34.42	\$17.37	\$34.42
	40 – 49	Tobacco	\$30.69	\$60.90	\$30.69	\$60.90
	50 – 59	Non-tobacco	\$32.68	\$65.13	\$32.68	\$65.13
	50 – 59	Tobacco	\$57.76	\$115.29	\$57.76	\$115.29
	60+	Non-tobacco	\$56.06	\$112.02	\$56.06	\$112.02
	60+	Tobacco	\$99.33	\$198.77	\$99.33	\$198.77

Aetna Critical Illness Plan (continued)

			Biweekly Paycheck Contributions per Coverage Level			
Plan	Your Age	Tobacco Status	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Critical Illness Plan – Basic	16 – 29	Non-tobacco	\$1.90	\$3.62	\$1.90	\$3.62
	16 – 29	Tobacco	\$3.16	\$6.04	\$3.16	\$6.04
	30 – 39	Non-tobacco	\$3.40	\$6.66	\$3.40	\$6.66
	30 – 39	Tobacco	\$5.88	\$11.48	\$5.88	\$11.48
	40 – 49	Non-tobacco	\$6.42	\$12.72	\$6.42	\$12.72
	40 – 49	Tobacco	\$11.34	\$22.50	\$11.34	\$22.50
	50 – 59	Non-tobacco	\$12.08	\$24.06	\$12.08	\$24.06
	50 – 59	Tobacco	\$21.34	\$42.60	\$21.34	\$42.60
	60+	Non-tobacco	\$20.70	\$41.38	\$20.70	\$41.38
	60+	Tobacco	\$36.68	\$73.42	\$36.68	\$73.42
Aetna Critical Illness Plan – Enhanced	16 – 29	Non-tobacco	\$4.72	\$9.04	\$4.72	\$9.04
	16 – 29	Tobacco	\$7.90	\$15.06	\$7.90	\$15.06
	30 – 39	Non-tobacco	\$8.52	\$16.66	\$8.52	\$16.66
	30 – 39	Tobacco	\$14.66	\$28.68	\$14.66	\$28.68
	40 – 49	Non-tobacco	\$16.04	\$31.78	\$16.04	\$31.78
	40 – 49	Tobacco	\$28.32	\$56.22	\$28.32	\$56.22
	50 – 59	Non-tobacco	\$30.16	\$60.12	\$30.16	\$60.12
	50 – 59	Tobacco	\$53.32	\$106.42	\$53.32	\$106.42
	60+	Non-tobacco	\$51.76	\$103.40	\$51.76	\$103.40
	60+	Tobacco	\$91.68	\$183.48	\$91.68	\$183.48

Aetna Accident Indemnity Plan

		Semimonthly Paycheck Contributions per Coverage Level			
Plan		You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Accident Plan – Basic		\$4.14	\$7.31	\$8.69	\$11.66
Aetna Accident Plan – Enhanced		\$8.31	\$14.68	\$17.49	\$23.45

		Biweekly Paycheck Contributions per Coverage Level			
Plan		You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Accident Plan – Basic		\$3.82	\$6.74	\$8.02	\$10.76
Aetna Accident Plan – Enhanced		\$7.68	\$13.56	\$16.14	\$21.64

Dental Plan

Semimonthly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Basic Dental PPO	\$12.68	\$26.64	\$24.11	\$38.06
Aetna Enhanced Dental PPO	\$20.72	\$43.50	\$39.36	\$62.14
Aetna Dental Maintenance Organization (DMO)	\$9.15	\$19.52	\$17.42	\$27.53

Biweekly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Basic Dental PPO	\$11.71	\$24.59	\$22.25	\$35.13
Aetna Enhanced Dental PPO	\$19.12	\$40.15	\$36.33	\$57.36
Aetna Dental Maintenance Organization (DMO)	\$8.44	\$18.02	\$16.08	\$25.41

Vision Plan

Semimonthly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Vision Preferred Basic	\$3.05	\$4.83	\$5.22	\$7.98
Aetna Vision Preferred Enhanced	\$8.39	\$13.25	\$14.31	\$21.88

Biweekly Paycheck Contributions per Coverage Level				
Plan	You Only	You + Spouse/Partner	You + Child(ren)	You + Family
Aetna Vision Preferred Basic	\$2.82	\$4.46	\$4.82	\$7.37
Aetna Vision Preferred Enhanced	\$7.74	\$12.23	\$13.21	\$20.20

Supplemental Life Insurance

Supplemental Life Insurance — for you

Your Age	Semimonthly Paycheck Contributions per \$1,000 of Coverage, Based on Tobacco Status		Biweekly Paycheck Contributions per \$1,000 of Coverage, Based on Tobacco Status	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Less than 30	\$0.021	\$0.030	\$0.019	\$0.028
30 – 34	\$0.028	\$0.040	\$0.025	\$0.037
35 – 39	\$0.031	\$0.045	\$0.029	\$0.042
40 – 44	\$0.034	\$0.054	\$0.031	\$0.049
45 – 49	\$0.058	\$0.097	\$0.053	\$0.090
50 – 54	\$0.089	\$0.163	\$0.082	\$0.150
55 – 59	\$0.166	\$0.256	\$0.153	\$0.236
60 – 64	\$0.254	\$0.405	\$0.234	\$0.374
65 – 69	\$0.478	\$0.727	\$0.441	\$0.671
70 – 74	\$0.793	\$1.233	\$0.732	\$1.138
75 and older	\$0.793	\$1.233	\$0.732	\$1.138

To determine your paycheck contribution:

- For colleagues who work 30 or more hours per week, based on electing 1 to 8 times ABBR:

$$\frac{\text{ABBR X desired multiple of ABBR (1 to 8), rounded to the next highest \$1,000 increment}}{\$1,000} \times \text{Paycheck Contribution Rate (from above table)} = \text{Paycheck Contribution}$$

- For colleagues who work less than 30 hours per week, based on electing any of four coverage amounts:

$$\frac{\text{Coverage amount (\$10,000, \$25,000, \$50,000 or \$100,000)}}{\$1,000} \times \text{Paycheck Contribution Rate (from above table)} = \text{Paycheck Contribution}$$

Spouse/Partner Life Insurance

Spouse's/ Partner's Age	Semimonthly Paycheck Contributions per \$1,000 of Coverage, Based on Tobacco Status		Biweekly Paycheck Contributions per \$1,000 of Coverage, Based on Tobacco Status	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco
Less than 30	\$0.030	\$0.034	\$0.028	\$0.031
30 – 34	\$0.040	\$0.043	\$0.037	\$0.040
35 – 39	\$0.045	\$0.057	\$0.042	\$0.053
40 – 44	\$0.057	\$0.081	\$0.053	\$0.075
45 – 49	\$0.105	\$0.138	\$0.096	\$0.127
50 – 54	\$0.157	\$0.233	\$0.145	\$0.215
55 – 59	\$0.257	\$0.371	\$0.237	\$0.342
60 – 64	\$0.404	\$0.585	\$0.373	\$0.540
65 – 69	\$0.727	\$1.055	\$0.671	\$0.973
70 – 74	\$1.311	\$1.886	\$1.210	\$1.741
75 and older	\$1.311	\$1.886	\$1.210	\$1.741

To determine your paycheck contribution, based on desired coverage amount in \$25,000 increments up to \$250,000:

$$\frac{\text{Coverage increment}}{\$1,000} \times \text{Paycheck Contribution Rate (from above table)} = \text{Paycheck Contribution}$$

Child Life Insurance

Coverage Level	Semimonthly Paycheck Contributions	Biweekly Paycheck Contributions
\$10,000	\$0.515	\$0.475
\$15,000	\$0.773	\$0.713
\$20,000	\$1.030	\$0.951

Supplemental AD&D Insurance

Coverage Level	Semimonthly Paycheck Contributions per \$1,000 of Coverage	Biweekly Paycheck Contributions per \$1,000 of Coverage
You	\$0.007	\$0.006
You + Family	\$0.013	\$0.012

To determine your paycheck contribution:

$$\frac{\text{ABBR X desired multiple of ABBR (1 to 8), rounded to the next highest \$1,000 increment}}{\$1,000} \times \text{Paycheck Contribution Rate (from above table)} = \text{Paycheck Contribution}$$

Universal Life Insurance with Living Benefits

Universal Employee Life Insurance

Semimonthly Paycheck Contributions, Based on Tobacco Status								
Your Age	\$25,000 Coverage		\$50,000 Coverage		\$75,000 Coverage		\$100,000 Coverage	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
16 – 20	\$8.67	\$8.67	\$8.67	\$12.01	\$12.51	\$18.02	\$16.68	\$24.03
21 – 25	\$8.67	\$8.67	\$10.09	\$14.61	\$15.13	\$21.91	\$20.17	\$29.21
26 – 30	\$8.67	\$8.97	\$12.07	\$17.94	\$18.11	\$26.91	\$24.15	\$35.88
31 – 35	\$8.67	\$11.17	\$14.94	\$22.33	\$22.40	\$33.50	\$29.87	\$44.66
36 – 40	\$9.33	\$14.28	\$18.65	\$28.55	\$27.97	\$42.82	\$37.30	\$57.09
41 – 45	\$11.93	\$18.53	\$23.87	\$37.05	\$35.80	\$55.58	\$47.73	\$74.10
46 – 50	\$15.79	\$24.64	\$31.57	\$49.28	\$47.36	\$73.92	\$63.14	\$98.56
51 – 55	\$21.21	\$33.34	\$42.41	\$66.68	\$63.62	\$100.02	\$84.82	\$133.36
56 – 60	\$30.22	\$46.82	\$60.44	\$93.63	\$90.66	\$140.45	\$120.88	\$187.26
61 – 65	\$46.62	\$66.72	\$93.24	\$133.43	\$139.86	\$200.15	\$186.47	\$266.86
66 – 70	\$69.54	\$98.69	\$139.07	\$197.38	\$208.60	\$296.06	\$278.14	\$394.75
71 – 75	\$110.56	\$150.77	\$221.11	\$301.53	\$331.66	\$452.29	\$442.22	\$603.05
76 – 80	\$120.72	\$160.00	\$241.44	\$320.00	\$362.15	\$480.00	\$482.87	\$640.00

Biweekly Paycheck Contributions, Based on Tobacco Status								
Your Age	\$25,000 Coverage		\$50,000 Coverage		\$75,000 Coverage		\$100,000 Coverage	
	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco	Non-tobacco	Tobacco
16 – 20	\$8.00	\$8.00	\$8.00	\$11.09	\$11.54	\$16.63	\$15.39	\$22.18
21 – 25	\$8.00	\$8.00	\$9.31	\$13.48	\$13.96	\$20.22	\$18.61	\$26.96
26 – 30	\$8.00	\$8.28	\$11.14	\$16.56	\$16.72	\$24.84	\$22.29	\$33.12
31 – 35	\$8.00	\$10.31	\$13.79	\$20.61	\$20.68	\$30.92	\$27.57	\$41.22
36 – 40	\$8.61	\$13.18	\$17.21	\$26.35	\$25.82	\$39.52	\$34.43	\$52.70
41 – 45	\$11.01	\$17.10	\$22.03	\$34.20	\$33.04	\$51.30	\$44.05	\$68.40
46 – 50	\$14.57	\$22.74	\$29.14	\$45.49	\$43.71	\$68.23	\$58.28	\$90.98
51 – 55	\$19.57	\$30.78	\$39.15	\$61.55	\$58.72	\$92.32	\$78.30	\$123.10
56 – 60	\$27.90	\$43.21	\$55.79	\$86.43	\$83.68	\$129.64	\$111.58	\$172.86
61 – 65	\$43.03	\$61.58	\$86.06	\$123.17	\$129.10	\$184.75	\$172.13	\$246.33
66 – 70	\$64.19	\$91.09	\$128.37	\$182.19	\$192.55	\$273.29	\$256.74	\$364.38
71 – 75	\$102.05	\$139.17	\$204.10	\$278.33	\$306.15	\$417.50	\$408.20	\$556.66
76 – 80	\$111.43	\$147.69	\$222.86	\$295.38	\$334.29	\$443.07	\$445.73	\$590.76

Universal Spouse/Partner Life Insurance

Spouse's/ Partner's Age	Semimonthly Paycheck Contributions, Based on Tobacco Status				Biweekly Paycheck Contributions, Based on Tobacco Status			
	\$25,000 Coverage		\$50,000 Coverage		\$25,000 Coverage		\$50,000 Coverage	
	Non- tobacco	Tobacco	Non- tobacco	Tobacco	Non- tobacco	Tobacco	Non- tobacco	Tobacco
16 – 20	\$8.67	\$8.67	\$8.67	\$12.01	\$8.00	\$8.00	\$8.00	\$11.09
21 – 25	\$8.67	\$8.67	\$10.09	\$14.61	\$8.00	\$8.00	\$9.31	\$13.48
26 – 30	\$8.67	\$8.97	\$12.07	\$17.94	\$8.00	\$8.28	\$11.14	\$16.56
31 – 35	\$8.67	\$11.17	\$14.94	\$22.33	\$8.00	\$10.31	\$13.79	\$20.61
36 – 40	\$9.33	\$14.28	\$18.65	\$28.55	\$8.61	\$13.18	\$17.21	\$26.35
41 – 45	\$11.93	\$18.53	\$23.87	\$37.05	\$11.01	\$17.10	\$22.03	\$34.20
46 – 50	\$15.79	\$24.64	\$31.57	\$49.28	\$14.57	\$22.74	\$29.14	\$45.49
51 – 55	\$21.21	\$33.34	\$42.41	\$66.68	\$19.57	\$30.78	\$39.15	\$61.55
56 – 60	\$30.22	\$46.82	\$60.44	\$93.63	\$27.90	\$43.21	\$55.79	\$86.43
61 – 65	\$46.62	\$66.72	\$93.24	\$133.43	\$43.03	\$61.58	\$86.06	\$123.17

Universal Child Life Insurance

Coverage Level	Semimonthly Paycheck Contributions	Biweekly Paycheck Contributions
\$20,000	\$2.500	\$2.308

LTD Buy-Up

	Semimonthly Paycheck Contributions per \$100 of Coverage	Biweekly Paycheck Contributions per \$100 Coverage
LTD Buy-Up	\$0.161	\$0.148

To determine your paycheck contribution:

$$\frac{\text{Monthly ABBR (your ABBR/12)}}{\$100} \times \text{Paycheck Contribution Rate (from above table)} = \text{Paycheck Contribution}$$

Legal Services Plan

	Semimonthly Paycheck Contributions	Biweekly Paycheck Contributions
Legal Services Plan	\$7.12	\$6.57

Identity Theft Protection

	Semimonthly Paycheck Contributions	Biweekly Paycheck Contributions
Coverage Level		
You	\$2.63	\$2.42
You + Family	\$5.38	\$4.96