Eder Financial

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2027 Ancillary Plan Rates

All rates are listed in monthly amounts

Delta Dental

	Option 1	Option 2	Option 3
Employee	$ 69.64	$ 59.99	$ 56.05
Employee + One	125.57	108.23	98.68
Employee + Family	194.53	166.60	151.24

EyeMed Vision Plan

	Option 1	Option 2	Option 3
Employee	$ 12.45	$ 12.32	$ 17.43
Employee + One	17.27	17.02	26.74
Employee + Family	22.00	21.67	35.93

Employer-Paid Basic Life Insurance and AD&D

	Total Monthly Premium
Employee only	No cost with any additional enrollment

Long-Term Disability Insurance

	Rate per $100 of Salary
Employee only	$ 0.70

Supplemental Life Insurance and Accidental Death & Dismemberment

Age (Employee or Spouse)	Total Monthly Premium per $1,000 of coverage
Under 25	$ 0.27
25-29	0.27
30-34	0.31
35-39	0.33
40-44	0.38
45-49	0.49
50-54	0.66
55-59	0.93
60-64	1.08
65-69	1.65
70+	2.60

Short-Term Disability Insurance

Age (Employee or Spouse)	Total Monthly Premium per $10 of coverage
Under 25	$ 0.39
25-29	0.43
30-34	0.43
35-39	0.38
40-44	0.37
45-49	0.43
50-54	0.55
55-59	0.63
60-64	0.70
65-69	0.85
70+	1.09

Critical Illness Insurance

Age (Employee or Spouse)	Total Monthly Premium per $10,000 of coverage
Dependent Children	$ 15.70
Under 29	7.30
30-34	9.70
35-39	11.40
40-44	14.90
45-49	21.80
50-54	29.70
55-59	40.70
60-64	58.90
65-69	86.90
70-74	140.40
75-79	231.20
80-84	316.50
85+	502.60

Accident Insurance

Employee Only	$ 10.24	$ 13.44	$ 17.18
Employee + Spouse	15.43	20.80	27.05
Employee + Child(ren)	21.52	29.60	38.58
Employee + Family	26.81	37.08	48.61