HERFF JONES.

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HEALTH • MONEY • HOME • COMMUNITY

Your 2026 BENEFIT PREMIUMS

As you review the 2026 premiums below, note:

- **The wellness credit is already reflected in the medical premiums.** You will pay $25 more biweekly per covered participant if you and/or your spouse did not complete the wellness requirements for 2026.[1]
- **The tobacco-free credit is already included in the medical premiums** and applies only if you and your covered spouse pledge you are tobacco-free. See your enrollment guide or the enrollment website for the tobacco premium that will be applied otherwise.
- **If you enroll in HSA Core or HSA Value, the Company will match your Health Savings Account (HSA) contribution.** See page 2 for the amount and other details.
- **Premiums for medical, dental and vision are generally deducted pre-tax[2];** all other premiums are deducted after-tax.

2026 Weekly Medical Premiums[3]

Pay Band[4]	Coverage Level	Medical Program Option		
		HSA CORE	HSA VALUE	COUPE PPO
1 UNDER $100,000	Employee Only	$4.01	$18.30	$33.22
	Employee + Spouse	$50.63	$89.76	$134.64
	Employee + Child(ren)	$24.46	$41.61	$68.19
	Family	$72.35	$97.51	$146.26
2 $100,000 & OVER	Employee Only	$26.21	$30.94	$52.18
	Employee + Spouse	$74.29	$105.33	$158.00
	Employee + Child(ren)	$60.87	$62.42	$99.39
	Family	$105.33	$131.66	$197.49

1. The 2026 wellness requirements do not apply if you were newly enrolled in the LSC medical plan after August 1, 2025, in which case you will automatically receive the credit.
2. Employee contributions for the coverage of non-tax-dependents, such as domestic partners and their children, are deducted on a pre-tax basis based on the premium amounts noted above. However, you will also pay taxes on the value of the coverage as imputed income. Imputed income is calculated by subtracting the COBRA premium for Employee Only coverage from the COBRA premium for the coverage you have in effect such as Employee + Spouse in the case of just covering a domestic partner. The difference is your imputed income. COBRA coverage for this purpose is 100% of the unsubsidized cost of coverage and not 102%. The imputed income amount is added to your paycheck as taxable income and results in income tax withholdings.
3. If you are paid biweekly, you will need to multiply the rate by 2 to determine your per pay period amount.
4. Base salary as of September 1, 2025

Health Savings Account (HSA) Match for 2026

If you enroll in **HSA CORE** or **HSA VALUE,** for every $1 you contribute to your HSA, the Company will match $1 — up to $500 per year (maximum of $125 per quarter) if you have Employee Only medical coverage, or $1,000 per year (maximum of $250 per quarter) if you cover dependents. You can use this account to pay for eligible health care expenses for you and your eligible dependents on a **tax-free basis** for federal income tax purposes (state laws may vary). The money in your account is always yours.

Who Is Covered	Maximum Company Match	+	Your Maximum Contribution*	=	2026 IRS Limit*
Employee only	$500		$3,900		$4,400
Employee + Spouse, Employee + Child(ren) or Family	$1,000		$7,750		$8,750

** If you turn age 55 by December 31, 2026, you can contribute an additional $1,000.*

Weekly Critical Illness Premiums for 2026

Employee's Age	Employee Only		Employee + Spouse		Employee + Child(ren)		Family	
	$10,000	$20,000	$10,000	$20,000	$10,000	$20,000	$10,000	$20,000
< 25	$0.37	$0.74	$0.76	$1.52	$0.76	$1.52	$1.13	$2.26
25 - 29	$0.42	$0.83	$0.81	$1.62	$0.78	$1.57	$1.18	$2.35
30 - 34	$0.60	$1.20	$1.15	$2.31	$0.97	$1.94	$1.52	$3.05
35 - 39	$0.90	$1.80	$1.75	$3.51	$1.29	$2.58	$2.12	$4.25
40 - 44	$1.52	$3.05	$2.88	$5.77	$1.92	$3.83	$3.28	$6.55
45 - 49	$2.52	$5.03	$4.73	$9.46	$2.88	$5.77	$5.10	$10.20
50 - 54	$3.97	$7.94	$7.34	$14.68	$4.34	$8.68	$7.71	$15.42
55 - 59	$5.93	$11.86	$10.82	$21.65	$6.30	$12.60	$11.19	$22.38
60 - 64	$8.84	$17.68	$16.06	$32.12	$9.23	$18.46	$16.43	$32.86
65 - 69	$13.71	$27.42	$24.69	$49.38	$14.08	$28.15	$25.06	$50.12
70+	$20.47	$40.94	$37.38	$74.77	$20.84	$41.68	$37.75	$75.51

Weekly Accident Insurance Premiums for 2026

Employee Only	$0.75
Employee + Spouse	$1.39
Employee + Child(ren)	$1.61
Employee + Spouse + Child(ren)	$2.02

Weekly Hospital Indemnity Premiums for 2026

Employee Only	$2.67
Employee + Spouse	$6.03
Employee + Child(ren)	$4.71
Employee + Spouse + Child(ren)	$8.47

Weekly Dental and Vision Premiums for 2026

Coverage	Dental Program Option		Vision Program Option	
	Metlife PPO	Metlife PPO Plus	Eyemed	Eyemed Enhanced
Employee Only	$6.70	$10.79	$1.29	$3.88
Employee + Spouse	$13.40	$21.57	$2.37	$7.08
Employee + Child(ren)	$13.06	$21.03	$2.30	$6.90
Family	$19.76	$31.81	$3.18	$9.54

Monthly Rates for Optional Life Insurance for 2026

(Per $1,000 of Coverage)

Age as of 12/31/2026	Employee	
	Non-Tobacco User	Tobacco User
<25	$0.038	$0.076
25-29	$0.038	$0.095
30-34	$0.038	$0.124
35-39	$0.047	$0.142
40-44	$0.066	$0.152
45-49	$0.124	$0.227
50-54	$0.180	$0.350
55-59	$0.322	$0.662
60-64	$0.483	$1.022
65-69	$0.814	$1.976
70+	$1.684	$3.177

Age as of 12/31/2026	Spouse	
	Non-Tobacco User	Tobacco User
<25	$0.046	$0.091
25-29	$0.046	$0.115
30-34	$0.046	$0.149
35-39	$0.057	$0.171
40-44	$0.080	$0.182
45-49	$0.144	$0.273
50-54	$0.216	$0.420
55-59	$0.387	$0.795
60-64	$0.580	$1.225
65-69	$0.977	$2.371
70+	$1.978	$3.812

Dependent Child Optional Life Insurance	
Dependent Child	$0.131

Monthly Rates for Optional Accidental Death & Dismemberment (AD&D) Insurance for 2026

(Per $1,000 of Coverage)

Employee AD&D	Employee + Dependent AD&D
$0.019	$0.030

Monthly Rates for Long-term Disability (LTD) Buy-up for 2026

(Per $100 of Covered Monthly Payroll)

LTD Buy-up Premium Calculation		
	Premium Worksheet	**Sample Calculation: Assumes $45,000 Annual Salary and 35-39 Age Band**
STEP 1	Annual Salary / 12 = Covered Monthly Payroll	$45,000 / 12 = $3,750
STEP 2	Covered Monthly Payroll / 100 = # Units	$3,750 / 100 = 37.5
STEP 3	# Units x Rate = Premium Per Month	37.5 x 0.101 = $3.79
STEP 4	Bi-weekly Premium	$3.79 x 12 = $45.48; $45.48 / 26 = $1.75
	Weekly Premium	$3.79 x 12 = $45.48, $45.48 / 52 = $0.087

LTD Buy-up Rates											
Age Bands	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70+**
	0.039	0.047	0.069	0.101	0.163	0.231	0.323	0.379	0.398	0.400	0.450