Thrive with Key

2027 Medical, Dental and Vision Plan Premiums (per pay period, 24/year)

		2027 Medical Premiums Per Pay.			
Pay Band	**Medical Plan Option**	**EE Only**	**EE + SP**	**EE + CH**	**Family**
Band 1 $75K or less	Surest (Copay Plan)	$111	$309	$228	$425
	Plus HDHP (Key Medical 2)	$51	$191	$122	$261
	Basic HDHP (Key Medical 3)	$20	$117	$60	$157
Band 2 Greater than $75K and less than $150K	Surest (Copay Plan)	$142	$374	$278	$508
	Plus HDHP (Key Medical 2)	$76	$235	$158	$317
	Basic HDHP (Key Medical 3)	$42	$163	$91	$211
Band 3 $150K or above	Surest (Copay Plan)	$158	$404	$301	$546
	Plus HDHP (Key Medical 2)	$90	$265	$180	$354
	Basic HDHP (Key Medical 3)	$57	$192	$113	$249

Pay band is determined during the annual open enrollment period each year, and is based on earnings received (base salary, overtime, cash commissions, and short-term incentives) from pay dates between Oct. 1, 2025, through Sept. 30, 2026. Note: Your pay band is assigned annually and may change from year to year. If you were hired/rehired between on Oct. 1, 2025, or later and Sept. 30, 2026, your pay band will be determined based on the greater of earnings received from pay dates between Oct. 1, 2025, through Sept. 30, 2026, (base salary, overtime, cash commissions and short-term incentives) or your annualized base pay (or Annual Benefits Base Rate (ABBR), if applicable). If you were hired after Sept. 30, 2026, your pay band will be determined based on your annualized base pay (or Annual Benefits Base Rate (ABBR).

Vision	2027 Premiums Per Pay
EE	$3.54
EE + CH	$7.06
EE + SP	$6.52
Family	$10.37

Dental	2027 Premiums Per Pay
EE	$9.25
EE + CH	$22.25
EE + SP	$18.50
Family	$31.50

Note: If you are enrolling your domestic partner in any coverage, please review important information regarding tax implications on the following pages.

HDHP = High Deductible Health Plan
EE = Employee Only
EE+SP = Employee + Spouse/partner
EE+CH = Employee + One or more Child(ren)
Family = Employee + Spouse/partner + Child(ren)

2027 Biweekly Imputed Income (24 Pay Dates) for Domestic Partner Coverage

What Is Imputed Income?
The definition of imputed income is benefits employees receive that aren't part of their salary or wages but still get taxed as part of their income. The employee is responsible for paying the tax on the value of certain benefits as determined by the IRS, which includes health and accident insurance for domestic partners.

		Surest (Copay Plan)	Plus HDHP (Key Medical 2)	Basic HDHP (Key Medical 3)	Dental	Vision
Enrolled Dependents	**Pay Band**	**Imputed Income**	**Imputed Income**	**Imputed Income**	**Imputed Income**	**Imputed Income**
DP	Less than $75,000	$664	$587	$503	$28.25	$2.98
	$75,000.00–$149,999.99	$698	$606	$527		
	$150,000.00 or more	$712	$622	$541		
DP+EEs CH	Less than $75,000	$664	$587	$503	$28.25	$2.98
	$75,000.00–$149,999.99	$698	$606	$527		
	$150,000.00 or more	$712	$622	$541		
DP+DPs CH	Less than $75,000	$1,152	$1,016	$868	$44.50	$6.83
	$75,000.00–$149,999.99	$1,204	$1,047	$900		
	$150,000.00 or more	$1,226	$1,070	$923		
DP+EEs CH+DPs CH	Less than $75,000	$663	$587	$503	$18.50	$3.31
	$75,000.00–$149,999.99	$696	$607	$526		
	$150,000.00 or more	$711	$622	$542		

Example:
An employee in the $75,000–$149,999.99 pay band who enrolled a domestic partner in Surest (Copay Plan) and the dental plan should expect the following
each bi-weekly pay that includes health and insurance premium deductions:

Medical coverage
- Pretax deduction for your premium contribution
- Taxable value of coverage (imputed income) of $698.00

Dental coverage
- Pretax deduction for your premium contribution
- Taxable value of coverage (imputed income) $28.25

HDHP = High Deductible Health Plan
DP = Domestic Partner Only
DP+EEs CH = Domestic Partner + Employee's Child(ren)
DP+DPs CH = Domestic Partner and Domestic Partner's Child(ren)
DP+EEs CH+DPs CH = Domestic Partner, Employee's Child(ren), and Domestic Partner's Child(ren)

2027 Biweekly Imputed Income (24 Pay Dates) for Domestic Partner Coverage (continued)

		AD&D
Enrolled Dependents	**Coverage Level**	**Imputed Income**
DP	$50,000	$0.23
	$100,000	$0.45
	$250,000	$1.13
	$500,000	$2.25
	$750,000	$3.38
	$1,000,000	$4.50
DP+EEs CH	$50,000	$0.23
	$100,000	$0.45
	$250,000	$1.13
	$500,000	$2.25
	$750,000	$3.38
	$1,000,000	$4.50
DP+DPs CH	$50,000	$0.25
	$100,000	$0.50
	$250,000	$1.25
	$500,000	$2.50
	$750,000	$3.75
	$1,000,000	$5.00
DP+EEs CH+DPs CH	$50,000	$0.23
	$100,000	$0.45
	$250,000	$1.13
	$500,000	$2.25
	$750,000	$3.38
	$1,000,000	$4.50

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DP+EEs CH = Domestic Partner + Employee's Child(ren)
DP+DPs CH = Domestic Partner and Domestic Partner's Child(ren)
DP+EEs CH+DPs CH = Domestic Partner, Employee's Child(ren), and Domestic Partner's Child(ren)

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