2025 PLAN RATES

Plan Rates as of January 1, 2025

Supplemental Life

Employee		Spouse/Domestic Partner						
ΔΛΔ	Rate/	Age	Rate/ \$1,000	Monthly Cost for Each Coverage Option				
	\$1,000			\$10,000	\$25,000	\$50,000	\$100,000	
< 25	\$0.050	< 25	\$0.050	\$0.50	\$1.25	\$2.50	\$5.00	
25-29	\$0.050	25-29	\$0.050	\$0.50	\$1.25	\$2.50	\$5.00	
30-34	\$0.060	30-34	\$0.060	\$0.70	\$1.50	\$3.00	\$6.00	
35-39	\$0.070	35-39	\$0.070	\$0.80	\$1.75	\$3.50	\$7.00	
40-44	\$0.090	40-44	\$0.090	\$0.90	\$2.25	\$4.50	\$9.00	
45-49	\$0.120	45-49	\$0.120	\$1.20	\$3.00	\$6.00	\$12.00	
50-54	\$0.150	50-54	\$0.150	\$1.50	\$3.75	\$7.50	\$15.00	
55-59	\$0.210	55-59	\$0.210	\$2.10	\$5.25	\$10.50	\$21.00	
60-64	\$0.320	60-64	\$0.320	\$3.20	\$8.00	\$16.00	\$32.00	
65-69	\$0.490	65-69	\$0.490	\$4.90	\$12.25	\$24.50	\$49.00	
70-74	\$0.950	70-74	\$0.950	\$9.50	\$23.75	\$47.50	\$95.00	
75+	\$1.680	75+	\$1.680	\$16.80	\$42.00	\$84.00	\$168.00	

Child						
Rate/ \$1,000	Ead (One r	Monthly Cost for Each Coverage Option (One monthly cost covers all children in family)				
	\$5,000	\$10,000	\$15,000			
\$0.135	\$0.68	\$1.35	\$2.03			

Supplemental Short-Term Disability

Active Employees Only				
All states except California	\$0.24 per \$1,000 for coverage of salary over \$50,000			
California	\$0.24 per \$1,000 for coverage of salary over state wage base			

MetLife Legal Plan

Bi-Weekly Rate	\$10.27
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