

RATES

2025 EMPLOYEE CONTRIBUTIONS



JANUARY 1, 2025 – DECEMBER 31, 2025

Your contributions toward the cost of medical, dental, and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Per Pay Period)
Employee Only	\$85.00
Employee + Child(ren)	\$310.00
Family	\$428.00

Wallwork will contribute \$37.50 into your HSA 24 times a year.

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Per Pay Period)
Employee Only	\$28.31
Employee + One	\$49.88
Family	\$73.94

VISION COVERAGE

Coverage Tier	Employee Contribution (Per Pay Period)
Employee Only	\$4.41
Employee + One	\$7.71
Family	\$11.46

Voluntary Benefits

Deductions for short-term disability, supplemental life/AD&D, accident, and critical illness/cancer insurance are taken from your paycheck after taxes.

VOLUNTARY LIFE AND AD&D and SHORT-TERM DISABILITY COVERAGE

Age	Life Insurance Per Pay Period Rate per \$1,000	Short-Term Disability Per Pay Period Rate per \$10 of weekly Covered Benefit
<25	\$0.030	\$0.21
25-29	\$0.035	\$0.21
30-34	\$0.040	\$0.215
35-39	\$0.060	\$0.225
40-44	\$0.095	\$0.230
45-49	\$0.155	\$0.240
50-54	\$0.245	\$0.275
55-59	\$0.365	\$0.350
60-64	\$0.680	\$0.430
65 +	\$1.090	\$0.480
Child(ren)	\$0.135	NA
Cost of AD&D Insurance	Per Pay Period Rate per \$1,000	
Employee/Spouse	\$0.0125	NA
Child(ren)	\$0.0100	NA

ACCIDENT COVERAGE

Coverage Tier	Plan 1 Employee Contribution (Per Pay Period)	Plan 2 Employee Contribution (Per Pay Period)
Employee Only	\$3.94	\$6.81
Employee + Spouse	\$6.82	\$11.79
Employee + Children	\$8.42	\$14.77
Family	\$10.73	\$18.28

CRITICAL ILLNESS WITH CANCER COVERAGE – PLAN 1 \$10,000 BENEFIT

Age	Non-Tobacco EE Only, EE + CH	Non-Tobacco EE + SP, Family	Tobacco EE Only, EE + CH	Tobacco EE + SP, Family
18-29	\$2.67	\$5.34	\$3.91	\$7.82
30-39	\$4.68	\$9.35	\$7.25	\$14.49
40-49	\$8.54	\$17.07	\$15.06	\$30.11
50-59	\$15.04	\$30.07	\$25.34	\$50.67
60-63	\$24.36	\$48.72	\$41.69	\$83.37
64+	\$31.85	\$63.69	\$55.05	\$110.09

CRITICAL ILLNESS WITH CANCER COVERAGE – PLAN 2 \$20,000 BENEFIT

Age	Non-Tobacco EE Only, EE + CH	Non-Tobacco EE + SP, Family	Tobacco EE Only, EE + CH	Tobacco EE + SP, Family
18-29	\$4.72	\$9.43	\$7.21	\$14.41
30-39	\$8.74	\$17.47	\$13.87	\$27.73
40-49	\$16.46	\$32.92	\$29.48	\$58.96
50-59	\$29.47	\$58.93	\$50.04	\$100.08
60-63	\$48.10	\$96.20	\$82.75	\$165.50
64+	\$63.07	\$126.13	\$109.47	\$218.93