MICHAEL SULLIVAN & ASSOCIATES LLP

# 2026-2027 Employee Per Pay Period Contributions

## MEDICAL PLANS

| Per Pay Period Contributions | Kaiser Permanente HMO | CIGNA EPO | CIGNA PPO |
|---|---|---|---|
| Employee Only | $97.83 | $68.27 | $94.43 |
| Employee + Spouse | $260.07 | $193.98 | $349.38 |
| Employee + Child(ren) | $244.58 | $175.50 | $307.56 |
| Employee + Family | $354.63 | $277.11 | $485.62 |

## DENTAL PLANS

| Per Pay Period Contributions | DELTA Dental HMO | DELTA Dental PPO |
|---|---|---|
| Employee Only | $4.05 | $11.28 |
| Employee + Spouse | $7.69 | $23.82 |
| Employee + Child(ren) | $8.51 | $25.46 |
| Employee + Family | $11.34 | $39.41 |

## VISION PLAN

| Per Pay Period Contributions | VSP Vision |
|---|---|
| Employee Only | $1.94 |
| Employee + Spouse | $3.95 |
| Employee + Child(ren) | $4.23 |
| Employee + Family | $6.76 |

**Reminder: The Firm pays for ALL benefit eligible employees to have Life/AD&D Insurance, Long Term Disability, as well as access to the Employee Assistance Program.**

**Voluntary: Short-Term Disability**

| Voluntary Short-Term Disability | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Rates- Employee Cost per $10 of Benefit (Based on 60% of salary to maximum benefit of $2,307 per week) | | | | | | | | | | |
| Age | <20-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ |
| Rate | $0.163 | $0.163 | $0.163 | $0.163 | $0.163 | $0.163 | $0.181 | $0.211 | $0.232 | $0.232 |

**Voluntary: Additional (Optional) Life and AD&D Insurance**

| **Voluntary Life / AD&D Insurance – Minimum Benefit 10K / Maximum 500K but no more than 5x Salary** | | | |
|---|---|---|---|
| **Employee / Spouse: Life/AD&D Age Rates - Per $1000 (Monthly)** | | | |
| **Age:** | | **Age:** | |
| **Less than 20** | $0.037 | **60-64** | $0.600 |
| **20-24** | $0.058 | **65-69** | $1.100 |
| **25-29** | $0.058 | **70-74** | $2.242 |
| **30-34** | $0.058 | **75-79** | $4.529 |
| **35-39** | $0.071 | **80-84** | $8.998 |
| **40-44** | $0.102 | **85-89** | $16.589 |
| **45-49** | $0.153 | **90-94** | $27.067 |
| **50-54** | $0.243 | **95-99** | $41.086 |
| **55-59** | $0.391 | | |
| **Child(ren) Rate – Monthly / Per $1000** | | $0.260 | |
| ***Guarantee Issue(GI) is 5 times salary up to $150,000 (Evidence of Insurability may be required for amounts over GI)*** | | | |

**Voluntary**: **Mutual of Omaha Critical Illness Plan**

| **Voluntary Critical Illness Employee or Spouse Premium Age Rates (Cost per paycheck / Bi-weekly)** | | | |
|---|---|---|---|
| **Age:** | **$10,000** | **$20,000** | **$30,000** |
| **0-29** | $1.34 | $2.68 | $4.02 |
| **30-39** | $2.31 | $4.62 | $6.92 |
| **40-49** | $4.75 | $9.51 | $14.26 |
| **50-59** | $9.28 | $18.55 | $27.83 |
| **60-69** | $18.74 | $37.48 | $56.22 |
| **70-79** | $34.80 | $69.60 | $104.40 |
| **80+** | $49.06 | $98.12 | $147.18 |
| **Child dependent coverage is offered at no additional cost.** | | | |

**Voluntary**: **Mutual of Omaha Accident Plan**

| **Coverage Tier** | **Premium Amount (Per paycheck – Bi-weekly)** |
|---|---|
| **Employee /Member** | **$3.40 ($0.24 per day)** |
| **Employee / Member + Spouse** | **$5.65 ($0.40 per day)** |
| **Employee / Member + Child(ren)** | **$7.65 ($0.54 per day)** |
| **Employee / Member + Family** | **$10.36 ($0.74 per day)** |
| *Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.* | |

**Voluntary**: **Mutual of Omaha Hospital Plan**

| **Coverage Tier** | **Premium Amount (Per paycheck – Bi-weekly)** |
|---|---|
| **Employee /Member** | **$7.42 ($0.53 per day)** |
| **Employee / Member + Spouse** | **$16.39 ($1.17 per day)** |
| **Employee / Member + Child(ren)** | **$10.35 ($0.73 per day)** |
| **Employee / Member + Family** | **$20.70 ($1.47 per day)** |
| *Note: The amount(s) above may vary due to rounding and are subject to change based on the final terms of the policy.* | |