frontdoor



2027 Rate Sheet

2027 Health and welfare plan rates

2027 Medical and prescription drug plan rates

Covered person(s)	Non-tobacco user Bi-weekly*
Basic CDHP	
You only	$33.12
You + spouse	$186.24
You + child(ren)	$117.60
You + family	$235.68
Enhanced CDHP	
You only	$78.72
You + spouse	$208.32
You + child(ren)	$132.96
You + family	$264.00
PPO	
You only	$97.92
You + spouse	$265.92
You + child(ren)	$159.36
You + family	$329.76
All plans	
Tobacco use additional charge	$19.20

If you and/or any of your covered dependents use tobacco, you will pay an additional $19.20 per bi-weekly pay period for medical coverage. If you enroll in the company medical plan for 2027, you will be required to indicate your tobacco user status at the time you make your elections.

*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25).

2027 Dental plan rates

Covered person(s)	Bi-weekly*
Base DPPO	
You only	$5.28
You + spouse	$10.56
You + child(ren)	$15.84
You + family	$17.28
Buy-Up DPPO	
You only	$8.64
You + spouse	$17.76
You + child(ren)	$27.36
You + family	$30.24

2027 Vision plan rates

Covered person(s)	Bi-weekly*
You only	$1.43
You + spouse	$2.85
You + child(ren)	$3.57
You + family	$3.92

2027 Legal services plan rates

Covered person	Bi-weekly*
You only	$7.56

*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25).



2027 Voluntary benefits plan rates

2027 Voluntary accident insurance

Covered person(s)	Bi-weekly*
You only	$5.50
You + spouse	$8.48
You + child(ren)	$8.99
You + family	$12.78

2027 Voluntary critical illness insurance

Age band	You + Child(ren)** Bi-weekly* Per $15,000	You + Child(ren)** Bi-weekly* Per $30,000	Spouse Bi-weekly* Per $15,000	Spouse Bi-weekly* Per $30,000
Under 25	$2.93	$5.85	$2.93	$5.85
25–29	$3.68	$7.35	$3.68	$7.35
30–34	$4.25	$8.49	$4.25	$8.49
35–39	$5.25	$10.50	$5.25	$10.50
40–44	$7.64	$15.27	$7.64	$15.27
45–49	$9.51	$19.02	$9.51	$19.02
50–54	$11.81	$23.61	$11.81	$23.61
55–59	$14.25	$28.50	$14.25	$28.50
60–64	$17.43	$34.86	$17.43	$34.86
65–69	$22.25	$44.49	$22.25	$44.49
70–74	$30.96	$61.92	$30.96	$61.92
75–79	$30.96	$61.92	$30.96	$61.92
80–84	$30.96	$61.92	$30.96	$61.92

**Eligible dependent children are automatically included with associate coverage at 50% of the associate's elected coverage amount at no extra cost. You must enroll your dependent children via Workday to receive this free coverage. Spouse rates are based on the spouse's age.

2027 Voluntary hospital indemnity insurance

Covered person(s)	Bi-weekly*
You only	$6.23
You + spouse	$12.48
You + child(ren)	$12.39
You + family	$18.54

*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25), with per-unit rates rounded to three decimals, consistent with Workday.

2027 Life, supplemental and disability

2027 Long-term disability insurance rates

Option	Bi-weekly rate* per $100 of monthly covered payroll
50% option	$0.173
60% option	$0.432

Example (50% option)

Frozen annual earnings: $27,400 (monthly covered payroll: $27,400 / 12 = $2,283.33)

$2,283.33 / 100 = 22.8333 × $0.173 = $3.95 per bi-weekly pay period

You must provide Evidence of Insurability (EOI) before you can be approved for coverage if you have no LTD coverage and you elect the 50% or 60% benefit option. Associates currently enrolled in the 50% LTD plan may elect to increase to the 60% LTD plan without EOI.

2027 Supplemental life insurance rates

Age	Non-tobacco user Bi-weekly* (per $1,000)	Tobacco user Bi-weekly* (per $1,000)
Under 25	$0.016	$0.029
25–29	$0.021	$0.033
30–34	$0.029	$0.041
35–39	$0.033	$0.049
40–44	$0.037	$0.053
45–49	$0.053	$0.082
50–54	$0.082	$0.122
55–59	$0.151	$0.228
60–64	$0.228	$0.351
65–69	$0.441	$0.673
70 Plus	$0.714	$1.130

HOW TO CALCULATE YOUR COST

$$\frac{\text{Coverage amount}}{1{,}000} \times \text{Bi-weekly rate*} = \text{Bi-weekly deduction (rounded to the nearest cent)}$$

*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25), with per-unit rates rounded to three decimals, consistent with Workday.

If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of 1× your salary or is above the guaranteed issue amount of the lesser of 5× your salary or $1,000,000. For late entrant (enrolling after waiving during initial eligibility), all amounts require EOI. Elected amounts in excess of the guaranteed issue limit are subject to EOI. Elected coverage cannot exceed $2,000,000 combined between Basic and Supplemental Life.

2027 Supplemental dependent life insurance rates — spouse

Coverage level**	Bi-weekly*
$15,000	$1.83
$25,000	$3.05
$50,000	$6.10
$75,000	$9.15
$100,000	$12.20

2027 Supplemental dependent life insurance rates — child(ren)

Coverage level	Bi-weekly*
$2,000	$0.02
$5,000	$0.06
$10,000	$0.11
$15,000	$0.17
$25,000	$0.28

*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25), with per-unit rates rounded to three decimals, consistent with Workday.

**If you are currently enrolled, Evidence of Insurability (EOI) is required for any amount that exceeds an increase of one increment or is above the guaranteed issue amount of $50,000. For late entrant (enrolling after waiving during initial eligibility), EOI is required for all amounts elected. Elected amounts in excess of the plan guaranteed issue limit are subject to EOI. Please note that there is no EOI required for supplemental dependent child life coverage at any level.

2027 Supplemental accidental death and dismemberment insurance rates

Coverage	You Bi-weekly*	You + family Bi-weekly*
$20,000	$0.14	$0.22
$30,000	$0.21	$0.33
$40,000	$0.28	$0.44
$50,000	$0.35	$0.55
$60,000	$0.42	$0.66
$70,000	$0.49	$0.77
$80,000	$0.56	$0.88
$90,000	$0.63	$0.99
$100,000	$0.70	$1.10
$150,000	$1.05	$1.65
$200,000	$1.40	$2.20
$250,000	$1.75	$2.75
$300,000	$2.10	$3.30
$350,000	$2.45	$3.85
$400,000	$2.80	$4.40
$450,000	$3.15	$4.95
$500,000	$3.50	$5.50
$550,000	$3.85	$6.05
$600,000	$4.20	$6.60
$650,000	$4.55	$7.15
$700,000	$4.90	$7.70
$750,000	$5.25	$8.25

The maximum amount of coverage for you is $750,000.
*Bi-weekly rates are based on 25 pay periods (monthly rate × 12 / 25), with per-unit rates rounded to three decimals, consistent with Workday.

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