

## Cost Worksheet –NMS

This worksheet is designed to assist you in determining your benefit options and the associated costs for insurance for the current plan year.

All costs are based on a **semi-monthly pay period**.

Contributions for voluntary employee life and spouse life are based on age as of January 1<sup>st</sup> 2025

Your costs for long-term disability and short-term disability may change based on your W2 earnings for the previous calendar year. Please refer to your Summary Plan Description for your definition of earnings.

---

### **Medical 01/01/2025 - BlueCross BlueShield**

<b>Coverage</b>	<b>Rates per PayCheck</b>
Employee Only	\$104.93
Employee & Spouse	\$419.72
Employee & Child(ren)	\$335.77
Employee & Family	\$629.57

### **Dental 01/01/2025 - Principal Life Insurance Company**

<b>Coverage</b>	<b>Rates per PayCheck</b>
Employee Only	\$15.27
Employee & Spouse	\$32.34
Employee & Child(ren)	\$38.95
Employee & Family	\$58.85

---

### **Vision Basic 01/01/2025 Co-Pay \$10.00**

<b>Coverage</b>	<b>Rates per PayCheck</b>
Employee Only	\$0.83
Employee & Spouse	\$1.33
Employee & Child(ren)	\$1.36
Employee & Family	\$2.19

### **Vision Buy-Up 01/01/2025 Co-Pay \$10.00**

Employee Only	\$7.63
Employee & Spouse	\$12.21
Employee & Child(ren)	\$12.46
Employee & Family	\$20.09

**Short-Term Disability (STD)\*The Company will contribute \$5.00 per month**

**01/01/2025**

Please refer page 3 and 4 for Price calculation.

STD Rates might differ based on the volume of enrollment.

**Long-Term Disability (LTD). The Company will contribute \$5 per month**

**01/01/2025**

Please refer page 3 and 4 for Price calculation.

***Employee Voluntary Life Insurance***

**01/01/2025**

***Minimum amount of \$10,000 up to maximum of \$500,000 in increments of \$10,000*** Age <30

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$1,000	\$0.08	\$0.089	\$0.133	\$0.216	\$0.332	\$0.541	\$0.850	\$1.179	\$2.177	\$3.605

Coverage Amount Requested: \$ \_\_\_\_\_

Your Rate By Age: \_\_\_\_\_

Coverage Amount Requested Divided by 1,000 = \_\_\_\_\_ (Multiplier)

\_\_\_\_\_ (Multiplier) x \_\_\_\_\_ (Your Rate) = \_\_\_\_\_ (Monthly Cost) / 2 = \_\_\_\_\_ (Per Pay Period Cost)

***Spouse Life Insurance***

**01/01/2025**

***Minimum amount of \$5000 and Maximum amount of \$100,000 in increments of \$5000.***

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
Rate per \$1,000	\$0.08	\$0.089	\$0.133	\$0.216	\$0.332	\$0.541	\$0.850	\$1.179	\$2.177	\$3.605

Coverage Amount Requested: \$ \_\_\_\_\_ Your Spouse's Rate By Age: \_\_\_\_\_

Coverage Amount Requested Divided by 1,000 = \_\_\_\_\_ (Multiplier)

\_\_\_\_\_ (Multiplier) x \_\_\_\_\_ (Your Rate) = \_\_\_\_\_ (Monthly Cost) / 2 = \_\_\_\_\_ (Per Pay Period Cost)

Employee coverage is required for spouse to elect coverage.

(Spouse life insurance cannot exceed 100% of employee coverage.)

***Child Life Insurance – Per Child*** Coverage \$2,500 \$7,500 \$10,000

**01/01/2025**

Coverage	5000	10000	Decline
Pay Period Cost	\$1.00	\$2.00	\$0.00

# Nortek Medical Staffing, Inc.

## Voluntary LTD

### Estimated Monthly Premium

End of Rate Guarantee Period: 12/31/2025

1. Monthly Salary: \$\_\_\_\_\_

If your monthly salary is greater than \$16,666.67 then use \$16,666.67 as your salary in step 2.

2. Multiply Monthly Salary by Age rate: X\_\_\_\_\_

Age 24 & Under	0.0039
25-29	0.0047
30-34	0.0066
35-39	0.0106
40-44	0.0138
45-49	0.0162
50-54	0.0237
55-59	0.0259
60-64	0.0201
65-69	0.0179
70+	0.0089

Your estimated monthly premium:\_\_\_\_\_

#### Examples:

1. Sally is 30 years old. She wants the income protection of long-term disability insurance.

Her monthly salary is: **\$8,000.00**

Sally's rate is: **0.0066**

**\$8,000.00      X      0.0066**

**= \$52.80** estimated monthly premium.

2. John is 55 years old, He wants the income protection of long-term disability insurance.

His monthly salary is: **\$19,000.00**

John's monthly salary is limited to the covered monthly earnings max of \$16,666.67

John's rate is: **0.0259**

**\$16,666.67      X      0.0259**

**= \$431.67** estimated monthly premium

To determine monthly benefit amount:

Multiply Monthly Salary (from step #1 above) by: 0.60

Estimated Monthly Benefit Amount = \$\_\_\_\_\_

# NMS

## Voluntary STD

### Estimated Monthly Premium

End of Rate Guarantee Period: 12/31/2025

1. Monthly Salary: \$ \_\_\_\_\_

If your weekly salary is greater than \$2,500.00 then use \$2,500.00 as your salary in step 2.

2. Multiply Weekly Salary by 0.60

\$ \_\_\_\_\_ This is your weekly benefit amount.

3. Multiply Weekly Benefit Amount by Age rate: X \_\_\_\_\_

Age 24 & Under 0.058

25-29 0.062

30-34 0.086

35-39 0.059

40-44 0.034

45-49 0.028

50-54 0.037

55-59 0.046

60-64 0.040

65-69 0.063

70+ 0.067

Your estimated monthly premium: \_\_\_\_\_

#### Examples:

1. Sally is 26 years old. She wants the income protection of short-term disability insurance.

Her weekly salary is: **\$1,500.00**

Sally's Weekly benefit is: **\$1,500.00 X 0.60 = \$900.00**

Her rate is: 0.062

**= \$55.80** estimated monthly premium.

Estimated Monthly Benefit Amount = \$ \_\_\_\_\_