

Assurant Benefits Program

2025 Health, Dental and Vision Plan



Full-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Health Plan																
Purple	\$98.41	\$0.00	\$277.19	\$0.00	\$254.98	\$0.00	\$371.58	\$0.00	\$98.41	\$178.78	\$98.41	\$156.57	\$98.41	\$273.17	\$254.98	\$116.60
Blue	\$165.25	\$0.00	\$411.23	\$0.00	\$372.04	\$0.00	\$568.20	\$0.00	\$165.25	\$245.98	\$165.25	\$206.79	\$165.25	\$402.95	\$372.04	\$196.16
Green	\$93.60	\$0.00	\$244.66	\$0.00	\$221.82	\$0.00	\$334.91	\$0.00	\$93.60	\$151.06	\$93.60	\$128.22	\$93.60	\$241.31	\$221.82	\$113.09
Orange	\$50.54	\$0.00	\$116.81	\$0.00	\$109.56	\$0.00	\$146.12	\$0.00	\$50.54	\$66.27	\$50.54	\$59.02	\$50.54	\$95.58	\$109.56	\$36.56
Dental Low Pan	\$4.74	\$0.00	\$9.39	\$0.00	\$11.69	\$0.00	\$16.60	\$0.00	\$4.74	\$4.65	\$4.74	\$6.95	\$4.74	\$11.86	\$11.69	\$4.91
Dental High Plan	\$8.26	\$0.00	\$16.34	\$0.00	\$20.34	\$0.00	\$28.90	\$0.00	\$8.26	\$8.08	\$8.26	\$12.08	\$8.26	\$20.64	\$20.34	\$8.56
Vision Plan	\$3.12	\$0.00	\$6.25	\$0.00	\$6.41	\$0.00	\$9.53	\$0.00	\$3.12	\$3.12	\$3.12	\$3.29	\$3.12	\$6.41	\$6.41	\$3.12

Part-Time Employees Per-Pay Period Rates*

Coverage Level	EE Only		EE + SP		EE + CH		EE + SP + CH		EE + DP		EE + CP + CH		EE + DP + CP + CH		EE + DP + CH	
	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax	Pre-Tax	After-Tax
Health Plan																
Purple	\$180.81	\$0.00	\$417.28	\$0.00	\$380.14	\$0.00	\$569.98	\$0.00	\$180.81	\$236.47	\$180.81	\$199.33	\$180.81	\$389.17	\$380.14	\$189.84
Blue	\$247.19	\$0.00	\$550.30	\$0.00	\$497.19	\$0.00	\$762.94	\$0.00	\$247.19	\$303.11	\$247.19	\$250.00	\$247.19	\$515.75	\$497.19	\$265.75
Green	\$177.95	\$0.00	\$394.38	\$0.00	\$357.58	\$0.00	\$540.72	\$0.00	\$177.95	\$216.43	\$177.95	\$179.63	\$177.95	\$362.77	\$357.58	\$183.14
Orange	\$66.92	\$0.00	\$266.58	\$0.00	\$244.68	\$0.00	\$354.47	\$0.00	\$66.92	\$199.66	\$66.92	\$177.76	\$66.92	\$287.55	\$244.68	\$109.79
Dental Low Pan	\$6.77	\$0.00	\$13.46	\$0.00	\$16.80	\$0.00	\$23.69	\$0.00	\$6.77	\$6.69	\$6.77	\$10.03	\$6.77	\$16.92	\$16.80	\$6.89
Dental High Plan	\$10.39	\$0.00	\$20.64	\$0.00	\$25.75	\$0.00	\$36.36	\$0.00	\$10.39	\$10.25	\$10.39	\$15.36	\$10.39	\$25.97	\$25.75	\$10.61
Vision Plan	\$3.12	\$0.00	\$6.25	\$0.00	\$6.41	\$0.00	\$9.53	\$0.00	\$3.12	\$3.12	\$3.12	\$3.29	\$3.12	\$6.41	\$6.41	\$3.12

*Your deductions may differ slightly due to rounding. Non-tobacco users will receive a separate Tobacco-Free Health Credit of \$18.46 per paycheck under the Assurant Health Plan, lowering your total contribution.

EE=Employee SP=Spouse CH=Employee Child DP=Domestic Partner CP=Domestic Partner Child