

# Benefit Plan Costs

Natus subsidizes a significant portion of the cost for employees and eligible dependents for medical, dental and vision. Your contributions for the health plans are made on a “pre-tax” basis, unless you elect otherwise.

If you are covering a domestic partner/same-sex spouse, you pay the cost of their coverage on an after-tax basis per the IRS.

In general, you will be taxed on the value (imputed income) of the coverage provided for your domestic partner and his/her dependent children, if applicable.

If your domestic partnership (or same-sex marriage) meets the requirements of local law, you may not be charged imputed income for state income tax purposes.

## 2024 BI-WEEKLY EMPLOYEE CONTRIBUTIONS

### MEDICAL PLANS

### EMPLOYEE BI-WEEKLY CONTRIBUTIONS

#### BRMS/ANTHEM BLUE CROSS HDHP + HSA

*Engaging in the Peak Health wellness program*      *Not engaging in the Peak Health wellness program*

	<i>Engaging in the Peak Health wellness program</i>	<i>Not engaging in the Peak Health wellness program</i>
Employee Only	<b>\$84.25</b>	\$118.86
Employee + Spouse/Domestic Partner	<b>\$192.50</b>	\$227.11
Employee + Child(ren)	<b>\$130.74</b>	\$165.36
Employee + Family	<b>\$288.00</b>	\$322.62

#### KAISER CA HMO (CALIFORNIA)

Employee Only	\$65.51
Employee + Spouse/Domestic Partner	\$170.40
Employee + Child(ren)	\$134.26
Employee + Family	\$270.58

#### KAISER WA HMO (WASHINGTON)

Employee Only	\$56.47
Employee + Spouse/Domestic Partner	\$146.87
Employee + Child(ren)	\$115.72
Employee + Family	\$233.21

#### DEAN HEALTH PLAN HMO

Employee Only	\$38.20
Employee + Spouse/Domestic Partner	\$99.11
Employee + Child(ren)	\$78.13
Employee + Family	\$157.71

# Benefit Plan Costs – Continued

## DENTAL & VISION

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### DMO + VISION

Employee Only	\$4.97
Employee + Spouse/Domestic Partner	\$11.03
Employee + Child(ren)	\$12.61
Employee + Family	\$17.32

### PPO + VISION

Employee Only	\$9.00
Employee + Spouse/Domestic Partner	\$20.75
Employee + Child(ren)	\$23.50
Employee + Family	\$32.75

## VOLUNTARY LIFE AND DISABILITY RATES

### EMPLOYEE AGE

*Voluntary Life for Employee  
Monthly Rates per \$1,000  
Covered Earnings*

*Employee Age\**

*Voluntary Life for Spouse  
Monthly Rates per \$1,000  
Covered Amount*

	<i>Voluntary Life for Employee Monthly Rates per \$1,000 Covered Earnings</i>	<i>Employee Age*</i>	<i>Voluntary Life for Spouse Monthly Rates per \$1,000 Covered Amount</i>
Under 30	\$0.07	Under 30	\$0.06
30 - 34	\$0.08	30 - 34	\$0.08
35 - 39	\$0.09	35 - 39	\$0.09
40 - 44	\$0.16	40 - 44	\$0.13
45 - 49	\$0.26	45 - 49	\$0.22
50 - 54	\$0.38	50 - 54	\$0.38
55 - 59	\$0.59	55 - 59	\$0.63
60 - 64	\$0.77	60 - 64	\$0.83
65 - 69	\$1.27	65 - 69	\$1.31
70 - 74	\$2.60	70 - 74	\$2.39
75+	\$2.60	75+	\$2.39

### CHILD LIFE

*Child Rate per \$1,000 Covered Amount*

Child Life	<b>\$0.20</b>
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### VOLUNTARY SHORT-TERM DISABILITY

*Monthly Rate per \$10 of Weekly Benefit*

Per Employee	<b>\$0.184</b>
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## ARAG GROUP LEGAL

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### ARAG

Per Employee	\$11.28
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# Benefit Plan Costs – Continued

## ACCIDENT INSURANCE

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### HARTFORD

Per Employee	\$4.83
Employee + Spouse/Domestic Partner	\$7.62
Employee + Child(ren)	\$8.26
Employee + Family	\$12.92

## HOSPITAL INDEMNITY INSURANCE

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### HARTFORD

Per Employee	\$5.79
Employee + Spouse/Domestic Partner	\$12.20
Employee + Child(ren)	\$11.01
Employee + Family	\$18.28

## CRITICAL ILLNESS INSURANCE - PER PAY PERIOD

### HARTFORD

Age	Employee	Employee & Spouse	Employee & Child(ren)	Family
18 - 24	\$1.38	\$2.24	\$2.10	\$3.07
25 - 29	\$1.66	\$2.66	\$2.37	\$3.49
30 - 34	\$1.86	\$2.96	\$2.57	\$3.80
35 - 39	\$2.36	\$3.73	\$3.08	\$4.56
40 - 44	\$3.33	\$5.22	\$4.05	\$6.05
45 - 49	\$5.13	\$8.00	\$5.85	\$8.84
50 - 54	\$7.11	\$11.07	\$7.83	\$11.91
55 - 59	\$9.66	\$15.04	\$10.38	\$15.88
60 - 64	\$13.53	\$21.02	\$14.24	\$21.85
65 - 69	\$18.54	\$28.68	\$19.26	\$29.51
70 - 74	\$12.56	\$19.49	\$13.08	\$20.10
75 - 79	\$16.39	\$25.31	\$16.91	\$25.91

## IDENTITY THEFT PROTECTION

## EMPLOYEE BI-WEEKLY CONTRIBUTIONS

### IDENTITYFORCE

Per Employee	\$3.69
Employee + Spouse/Domestic Partner	\$6.92
Employee + Child(ren)	\$6.92
Employee + Family	\$6.92