

ImmunityBio
2025 Plan Year Rate Sheet
Effective January 1, 2025

Medical

Blue Shield HMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$759.85	\$1,671.68	\$1,367.75	\$2,355.53
Employer Monthly Rate	\$607.88	\$1,337.34	\$1,094.20	\$1,884.42
Employee Monthly Rate	\$151.97	\$334.34	\$273.55	\$471.11
Bi-Weekly Payroll Deduction	\$70.14	\$154.31	\$126.25	\$217.44
Monthly COBRA Rate	\$775.05	\$1,705.11	\$1,395.11	\$2,402.64

Rate Guarantee	12 months	(1/1/2025 - 12/31/2025)
----------------	-----------	-------------------------

Blue Shield PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$926.92	\$2,037.48	\$1,667.03	\$2,871.01
Employer Monthly Rate	\$741.54	\$1,629.98	\$1,333.62	\$2,296.81
Employee Monthly Rate	\$185.38	\$407.50	\$333.41	\$574.20
Bi-Weekly Payroll Deduction	\$85.56	\$188.08	\$153.88	\$265.02
Monthly COBRA Rate	\$945.46	\$2,078.23	\$1,700.37	\$2,928.43

Rate Guarantee	12 months	(1/1/2025 - 12/31/2025)
----------------	-----------	-------------------------

Dental

Delta DPPO Low	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$49.85	\$101.82	\$120.56	\$185.42
Employer Monthly Rate	\$39.88	\$81.46	\$96.45	\$148.34
Employee Monthly Rate	\$9.97	\$20.36	\$24.11	\$37.08
Bi-Weekly Payroll Deduction	\$4.60	\$9.40	\$11.13	\$17.11
Monthly COBRA Rate	\$50.85	\$103.86	\$122.97	\$189.13

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
----------------	-----------	-------------------------

Delta DPPO High	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$51.47	\$104.76	\$122.39	\$188.78
Employer Monthly Rate	\$41.18	\$83.81	\$97.91	\$151.02
Employee Monthly Rate	\$10.29	\$20.95	\$24.48	\$37.76
Bi-Weekly Payroll Deduction	\$4.75	\$9.67	\$11.30	\$17.43
Monthly COBRA Rate	\$52.50	\$106.86	\$124.84	\$192.56

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
----------------	-----------	-------------------------

Delta DHMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$15.75	\$30.70	\$33.21	\$48.01
Employer Monthly Rate	\$12.60	\$24.56	\$26.57	\$38.41
Employee Monthly Rate	\$3.15	\$6.14	\$6.64	\$9.60
Bi-Weekly Payroll Deduction	\$1.45	\$2.83	\$3.06	\$4.43
Monthly COBRA Rate	\$16.07	\$31.31	\$33.87	\$48.97

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
----------------	-----------	-------------------------

Vision

EyeMed Base Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$5.53	\$10.51	\$11.06	\$16.26
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$5.53	\$10.51	\$11.06	\$16.26
Bi-Weekly Payroll Deduction	\$2.55	\$4.85	\$5.10	\$7.50
Monthly COBRA Rate	\$5.64	\$10.72	\$11.28	\$16.59

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
----------------	-----------	-------------------------

EyeMed Buy Up Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$10.30	\$19.56	\$20.59	\$30.27
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$10.30	\$19.56	\$20.59	\$30.27
Bi-Weekly Payroll Deduction	\$4.75	\$9.03	\$9.50	\$13.97
Monthly COBRA Rate	\$10.51	\$19.95	\$21.00	\$30.88

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
----------------	-----------	-------------------------

Life/AD&D

UNUM Basic Life	Basic Life	Basic AD&D
Monthly Rate per \$1,000	\$0.058	\$0.015
Bi-Weekly Rate per \$1,000	\$0.027	\$0.007

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
----------------	-----------	-------------------------

UNUM Voluntary Life	Voluntary Life	Voluntary AD&D	Monthly Total	Bi-Weekly Total
Monthly Rate per \$1,000				
< 25	\$0.054	\$0.028	\$0.082	\$0.038
25 - 29	\$0.054	\$0.028	\$0.082	\$0.038
30 - 34	\$0.054	\$0.028	\$0.082	\$0.038
35 - 39	\$0.061	\$0.028	\$0.089	\$0.041
40 - 44	\$0.108	\$0.028	\$0.136	\$0.063
45 - 49	\$0.162	\$0.028	\$0.190	\$0.088
50 - 54	\$0.216	\$0.028	\$0.244	\$0.113
55 - 59	\$0.405	\$0.028	\$0.433	\$0.200
60 - 64	\$0.594	\$0.028	\$0.622	\$0.287
65 - 69	\$0.891	\$0.028	\$0.919	\$0.424
70 - 74	\$1.863	\$0.028	\$1.891	\$0.873
75 +	\$1.863	\$0.028	\$1.891	\$0.873

Spouse Rate per \$1,000	\$0.171	\$0.028	\$0.199	\$0.092
Child Rate per \$1,000	\$0.232	\$0.028	\$0.260	\$0.120

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
----------------	-----------	-------------------------

Disability

UNUM STD	STD - Core	STD - Buy Up
Monthly Rate per \$10	\$0.140	\$0.162
Bi-Weekly Rate per \$10	\$0.065	\$0.075
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
UNUM LTD	LTD - Core	LTD - Buy Up
Monthly Rate per \$100	\$0.100	\$0.250
Bi-Weekly Rate per \$100	\$0.046	\$0.115
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)

Voluntary Benefits

UNUM Accident	Employee	Employee + Spouse	Employee + Child	Employee + Family
Employee Bi-Weekly Payroll Deduction				
Low Plan Monthly Rates	\$6.44	\$11.37	\$13.44	\$18.37
High Plan Monthly Rates	\$10.79	\$18.67	\$21.33	\$29.21
Rate Guarantee	3 Years (1/1/25-12/31/27)			

UNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Non Tobacco)	Monthly Rate per \$1,000			
<25	\$0.22	\$0.44	\$0.22	\$0.44
25-29	\$0.27	\$0.54	\$0.27	\$0.54
30-34	\$0.39	\$0.78	\$0.39	\$0.78
35-39	\$0.54	\$1.08	\$0.54	\$1.08
40-44	\$0.86	\$1.72	\$0.86	\$1.72
45-49	\$1.11	\$2.22	\$1.11	\$2.22
50-54	\$1.47	\$2.94	\$1.47	\$2.94
55-59	\$1.93	\$3.86	\$1.93	\$3.86
60-64	\$2.90	\$5.80	\$2.90	\$5.80
65-69	\$3.94	\$7.88	\$3.94	\$7.88
70-74	\$5.28	\$10.56	\$5.28	\$10.56
75-79	\$5.28	\$10.56	\$5.28	\$10.56
80-84	\$5.28	\$10.56	\$5.28	\$10.56
85+	\$5.28	\$10.56	\$5.28	\$10.56

UNUM Critical Illness	Employee	Employee + Spouse	Employee + Child	Employee + Family
Coverage (Tobacco)	Monthly Rate per \$1,000			
<25	\$0.24	\$0.48	\$0.24	\$0.48
25-29	\$0.34	\$0.68	\$0.34	\$0.68
30-34	\$0.49	\$0.98	\$0.49	\$0.98
35-39	\$0.73	\$1.46	\$0.73	\$1.46
40-44	\$1.16	\$2.32	\$1.16	\$2.32
45-49	\$1.61	\$3.22	\$1.61	\$3.22
50-54	\$2.19	\$4.38	\$2.19	\$4.38
55-59	\$2.95	\$5.90	\$2.95	\$5.90
60-64	\$4.46	\$8.92	\$4.46	\$8.92
65-69	\$5.53	\$11.06	\$5.53	\$11.06
70-74	\$7.31	\$14.62	\$7.31	\$14.62
75-79	\$9.19	\$18.38	\$9.19	\$18.38
80-84	\$11.58	\$23.16	\$11.58	\$23.16
85+	\$13.25	\$26.50	\$13.25	\$26.50

Rate Guarantee	3 Years (1/1/25-12/31/27)			
----------------	---------------------------	--	--	--

MetLifeMetLaw - Legal Plan	Employee	Employee + Spouse	Employee + Child	Employee + Family
Monthly Rate		\$16.75		
Employee Bi-Weekly Payroll Deduction		\$7.73		
Rate Guarantee		12 months (1/1/25-12/31/25)		

Norton LifeLock - Identity Theft: Benefit Essential	Employee Only	Employee + 1 or more
Monthly Rates	\$8.49	\$16.98
Employee Bi-Weekly Payroll Deduction	\$3.92	\$7.84
Rate Guarantee	12 months (1/1/25-12/31/25)	

Norton LifeLock - Identity Theft: Benefit Premier	Employee Only	Employee + 1 or more
Monthly Rates	\$25.49	\$50.98
Employee Bi-Weekly Payroll Deduction	\$11.76	\$23.53
Rate Guarantee	12 months (1/1/25-12/31/25)	

Nationwide - Pet Insurance	Direct Bill
Monthly Rate	Varies by state and type of animal

Additional Benefits		
Partner Name	Plan Name	Notes
UNUM	FMLA	\$1.80 PEPM
UNUM	NY DBL/PFL	
UNUM	CO PFML	
UNUM	HI TDI	