

Bunge 2024 Monthly Employee Benefits Rate Sheet

	Basic (HDHP)		Core (HDHP)		Premium (PPO)	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Medical						
Employee Only	\$85.81	\$673.58	\$143.52	\$673.58	\$212.71	\$673.58
Employee + Spouse	\$185.59	\$1,495.35	\$313.71	\$1,495.35	\$472.21	\$1,495.35
Employee + Child(ren)	\$171.63	\$1,347.15	\$287.05	\$1,347.15	\$425.42	\$1,347.15
Family	\$249.46	\$1,919.70	\$413.94	\$1,919.70	\$606.22	\$1,919.70

	Basic		Premium	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Dental				
Employee Only	\$29.81	\$0.00	\$35.08	\$0.00
Employee + Spouse	\$59.61	\$0.00	\$70.15	\$0.00
Employee + Child(ren)	\$74.52	\$0.00	\$87.69	\$0.00
Family	\$81.97	\$0.00	\$96.46	\$0.00

	Employee Cost	Employer Cost
Vision		
Employee Only	\$8.91	\$0.00
Employee + Spouse	\$13.63	\$0.00
Employee + Child(ren)	\$14.44	\$0.00
Family	\$23.07	\$0.00

	Low Plan	High Plan
Accidental Injury		
Employee	\$5.25	\$10.04
Employee + Spouse	\$8.93	\$17.12
Employee + Child(ren)	\$9.08	\$17.42
Family	\$12.24	\$23.50

	Low Plan	High Plan
Hospital Stay		
Employee	\$13.23	\$25.80
Employee + Spouse	\$33.32	\$65.31
Employee + Child(ren)	\$24.26	\$47.51
Family	\$44.34	\$87.01

Dependent Life Insurance	
\$0.70	
Rate is \$0.70 per month if you elect optional spouse coverage or if you elect optional spouse and child coverage. The rate is the same regardless of the number of children you cover.	

Identity Protection	
Employee	\$6.50
Family	\$12.50

Legal Plan	
Employee and Family	\$13.53

Long Term Disability	
\$.39 per \$100 base salary	

Critical Illness Plan- Low Plan				
Issue Age	Employee	EE + Spouse	EE+Child(ren)	Family
0-24	4.05	6.86	5.65	8.46
25-29	4.40	7.61	6.00	9.20
30-34	5.54	9.72	7.13	11.31
35-39	7.74	13.44	9.33	15.04
40-44	9.93	17.19	11.52	18.78
45-49	14.51	24.63	16.10	26.22
50-54	21.71	35.08	23.31	36.67
55-59	31.11	48.67	32.70	50.26
60-64	39.72	61.27	41.32	62.86
65-69	47.11	73.39	48.71	74.98
70-74	63.78	100.16	65.38	101.75
75-79	86.99	131.38	88.59	132.98
80-84	110.74	162.74	112.33	164.33
85+	145.89	219.05	147.48	220.65

Critical Illness Plan- High Plan				
Issue Age	Employee	EE + Spouse	EE+Child(ren)	Family
0-24	8.10	13.72	11.30	16.92
25-29	8.80	15.22	12.00	18.40
30-34	11.08	19.44	14.26	22.62
35-39	15.48	26.88	18.66	30.08
40-44	19.86	34.38	23.04	37.56
45-49	29.02	49.26	32.20	52.44
50-54	43.42	70.16	46.62	73.34
55-59	62.22	97.34	65.40	100.52
60-64	79.44	122.54	82.64	125.72
65-69	94.22	146.78	97.42	149.96
70-74	127.56	200.32	130.76	203.50
75-79	173.98	262.76	177.18	265.96
80-84	221.48	325.48	224.66	328.66
85+	291.78	438.10	294.96	441.30