

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	\$94.67	\$664.72	\$152.38	\$664.72	\$221.57	\$664.72
Employee + Spouse	\$205.27	\$1,475.67	\$333.39	\$1,475.67	\$491.89	\$1,475.67
Employee + Child(ren)	\$189.35	\$1,329.43	\$304.77	\$1,329.43	\$443.14	\$1,329.43
Family	\$274.72	\$1,894.44	\$439.20	\$1,894.44	\$631.48	\$1,894.44

	Basic		Premium	
	Employee Cost	Employer Cost	Employee Cost	Employer Cost
Dental				
Employee Only	\$7.45	\$22.36	\$12.72	\$22.36
Employee + Spouse	\$14.90	\$44.71	\$25.44	\$44.71
Employee + Child(ren)	\$18.63	\$55.89	\$31.80	\$55.89
Family	\$20.49	\$61.48	\$34.98	\$61.48

Optional Life Insurance		
Age	Employee Coverage (per \$1000)	**Spouse Coverage (per \$1000)
<25	\$0.07	\$0.07
25-29	\$0.07	\$0.07
30-34	\$0.08	\$0.08
35-39	\$0.10	\$0.10
40-44	\$0.14	\$0.14
45-49	\$0.23	\$0.23
50-54	\$0.37	\$0.37
55-59	\$0.64	\$0.64
60-64	\$0.85	\$0.85
65-69	\$1.50	\$1.50
70-74	\$2.68	\$2.68
75-79	\$5.17	\$5.17

	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

Long Term Disability
\$.39 per \$100 base salary
Optional AD&D*
\$.026 per \$1,000 of coverage
* Available to the employee only
Child Life Insurance**
\$1.50
** Must enroll in optional life for the employee to be eligible for these benefits for dependents

	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

Identity Protection	
Employee	\$6.50
Family	\$12.50

Legal Plan	
Employee and Family	\$13.53

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