TOMTREYCO, INC.
January 1, 2027 - December 31, 2027
FULL-TIME EMPLOYEES
BI-WEEKLY PAYROLL DEDUCTIONS

HEALTH INSURANCE			
WELLNET	**Base $5,000 Ded Plan**	**PPO $3,500 Plan**	**PPO $2,000 Plan**
Employee Only	$81.85	$105.34	$135.61
Employee + Spouse	$360.41	$370.62	$392.08
Employee + Child(ren)	$297.78	$321.05	$356.66
Employee + Family	$567.85	$622.15	$723.13

DENTAL INSURANCE		
MUTUAL OF OMAHA	**PPO Low**	**PPO High**
Employee Only	$9.44	$19.88
Employee + Spouse	$18.69	$38.57
Employee + Child(ren)	$22.05	$49.03
Employee + Family	$31.26	$67.62

VISION INSURANCE	
MUTUAL OF OMAHA	**Vision Plan**
Employee Only	$4.02
Employee + Spouse	$8.31
Employee + Child(ren)	$7.88
Employee + Family	$12.50

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CRITICAL ILLNESS INSURANCE

MUTUAL OF OMAHA	Employee or Spouse				CHILDREN
Age	$10,000	$20,000	$30,000	$40,000	
0-29	$2.82	$5.63	$8.45	$11.26	Included in employee rate 50% of the employee amount up to $20,000
30-39	$3.65	$7.29	$10.94	$14.58	
40-49	$6.28	$12.55	$18.83	$25.11	
50-59	$12.14	$24.28	$36.42	$48.55	
60-69	$24.83	$49.66	$74.49	$99.32	
70-79	$46.94	$93.88	$140.82	$187.75	
80+	$74.22	$148.43	$222.65	$296.86	

ACCIDENT INSURANCE

MUTUAL OF OMAHA	Accident Plan
Employee Only	$5.79
Employee + Spouse	$9.11
Employee + Child(ren)	$10.82
Employee + Family	$15.21

HOSPITAL INDEMNITY INSURANCE

MUTUAL OF OMAHA	Hospital Indemnity Plan
Employee Only	$9.40
Employee + Spouse	$21.62
Employee + Child(ren)	$12.97
Employee + Family	$25.95

Please refer to your benefits website or enrollment portal for pricing on voluntary life and other supplemental policies.