

# 2021 paycheck deductions

## Your share of the costs

Together, you and Informatica share the cost of your health benefits—Informatica pays a generous portion of the total cost and you pay the remainder. The amount you pay is deducted from your paycheck. Your specific cost is determined by the plan you choose and the coverage level you select. You pay the entire cost for voluntary benefits coverage.

### Medical (Per pay period)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Aetna Saver Plan	\$14.50	\$85.00	\$73.00	\$129.00
Aetna PPO	\$43.00	\$141.50	\$119.50	\$209.00
Kaiser HMO	\$28.50	\$106.00	\$94.00	\$155.00

### Dental (Per pay period)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
MetLife Core Dental Plan	\$3.00	\$9.00	\$9.00	\$12.00
MetLife Enhanced Dental Plan	\$9.00	\$18.50	\$18.50	\$25.50

### Vision (Per pay period)

Plan	Employee Only	Employee + 1	Employee + 2 or More
VSP Core Vision Plan	\$2.50	\$5.00	\$7.50
VSP Enhanced Vision Plan	\$7.00	\$12.00	\$18.50

### Voluntary life and AD&D insurance (Monthly)

Employee Coverage		Spouse Coverage	
Employee Age	Cost per \$1,000 of coverage	Spouse Age	Cost per \$1,000 of coverage
<25	\$0.064	<25	\$0.073
25 – 29	\$0.064	25 – 29	\$0.083
30 – 34	\$0.073	30 – 34	\$0.103
35 – 39	\$0.092	35 – 39	\$0.113
40 – 44	\$0.120	40 – 44	\$0.147
45 – 49	\$0.173	45 – 49	\$0.217
50 – 54	\$0.253	50 – 54	\$0.323
55 – 59	\$0.411	55 – 59	\$0.480
60 – 64	\$0.637	60 – 64	\$0.793
65 – 69	\$1.101	65 – 69	\$1.321
70 – 74	\$1.949	70 – 74	\$2.331
75+	\$2.083	75+	\$4.735

### Voluntary long-term disability buy-up (Monthly)

Employee Coverage	\$0.10 per \$100 of coverage
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### Critical illness insurance (Monthly)

Age	Cost per \$10,000 of coverage for Employee	Cost per \$10,000 of coverage for Family
<25	\$1.20	\$3.30
25 – 29	\$1.40	\$3.70
30 – 34	\$2.50	\$5.90
35 – 39	\$4.50	\$10.60
40 – 44	\$8.20	\$19.30
45 – 49	\$14.60	\$31.60
50 – 54	\$24.70	\$51.70
55 – 59	\$39.90	\$77.00
60 – 64	\$62.20	\$113.50
65 – 69	\$96.60	\$169.00
70+	\$138.10	\$242.00

Child Coverage	\$0.064 per \$1,000 of coverage
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### Accident insurance (Monthly)

Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
	\$13.95	\$24.45	\$28.43	\$35.67

### ARAG Group Legal Plan (Monthly)

Ultimate Advisor	Ultimate Advisor Plus
\$15.60	\$22.60