

2022 Bi-Weekly Premium Rates

Medical Insurance

2022 Medical Employee Cost (Bi-Weekly)						
Employee	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Employee Only	111.63	76.97	44.34	130.86	96.20	63.57
Employee + Child(ren)	162.23	110.14	82.55	181.46	129.37	101.78
Employee + Family	361.31	259.89	219.53	392.08	290.66	250.30
Employee + Spouse	310.72	226.71	182.58	341.49	257.48	213.35

Domestic Partner Rates: 2022 Medical Employee Cost (Bi-Weekly)						
Domestic Partner	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Pre-Tax: Employee + DP	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + DP	199.09	149.74	138.24	210.63	161.28	149.78
Taxable: Employee + DP	207.71	217.22	190.82	196.17	205.68	179.28
Pre-Tax: Employee + DP Child(ren)	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + DP Child(ren)	50.60	33.17	38.21	50.60	33.17	38.21
Taxable: Employee + DP Child(ren)	81.80	85.93	68.29	81.80	85.93	68.29
Pre-Tax: Employee + Family (DP)	162.23	110.14	82.55	181.46	129.37	101.78
Post-Tax: Employee + Family (DP)	199.08	149.75	136.98	210.62	161.29	148.52
Taxable: Employee + Family (DP)	229.40	237.57	211.16	217.86	226.03	199.62
Pre-Tax: Employee + Family (DP & DP Child(ren))	111.63	76.97	44.34	130.86	96.20	63.57
Post-Tax: Employee + Family (DP & DP Child(ren))	249.68	182.92	175.19	261.22	194.46	186.73
Taxable: Employee + Family (DP & DP Child(ren))	311.20	323.50	279.45	299.66	311.96	267.91

Dental Insurance

2022 Dental Employee Cost (Bi-Weekly)		
	High Plan	Core Plan
Employee Only	13.85	9.86
Employee + Child(ren)	30.70	24.37
Employee + Family	42.74	33.07
Employee + Spouse	26.49	18.56

Domestic Partner Rates: 2022 Dental Employee Cost (Bi-Weekly)		
	High Plan	Core Plan
Pre-Tax: Employee + Domestic Partner	13.85	9.86
Post-Tax: Employee + Domestic Partner	12.64	8.70
Pre-Tax: Employee + DP Child(ren)	13.85	9.86
Post-Tax: Employee + DP Child(ren)	16.85	14.51
Pre-Tax: Employee + Family (Domestic Partner)	30.70	24.37
Post-Tax: Employee + Family (Domestic Partner)	12.04	8.70
Pre-Tax: Employee + Family (DP & DP Child(ren))	13.85	9.86
Post-Tax: Employee + Family (DP & DP Child(ren))	28.89	23.21

Vision Insurance

2022 Vision Employee Cost (Bi-Weekly)	
Employee Only	2.29
Employee + Child(ren)	4.33
Employee + Family	6.64
Employee + Spouse	4.14

Domestic Partner Rates: 2022 Vision Employee Cost (Bi-Weekly)	
Pre-Tax: Employee + Domestic Partner	2.29
Post-Tax: Employee + Domestic Partner	1.85
Pre-Tax: Employee + DP Child(ren)	2.29
Post-Tax: Employee + DP Child(ren)	2.04
Pre-Tax: Employee + Family (Domestic Partner)	4.33
Post-Tax: Employee + Family (Domestic Partner)	2.31
Pre-Tax: Employee + Family (DP & DP Child(ren))	2.29
Post-Tax: Employee + Family (DP & DP Child(ren))	4.35

Critical Illness Insurance

High Plan \$20K Employee Cost Bi-Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	2.14	2.14	4.28	4.28
25	29	2.32	2.32	4.64	4.64
30	34	3.40	3.40	6.80	6.80
35	39	4.97	4.97	9.94	9.94
40	44	7.72	7.72	15.44	15.44
45	49	11.00	11.00	22.00	22.00
50	54	14.21	14.21	28.42	28.42
55	59	19.41	19.41	38.82	38.82
60	64	28.06	28.06	56.12	56.12
65	69	40.71	40.71	81.42	81.42
70	74	63.60	63.60	127.20	127.20
75	79	93.84	93.84	187.68	187.68
80	84	137.10	137.10	274.20	274.20
85	999	231.59	231.59	463.18	463.18

Low Plan \$10K Employee Cost Bi-Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	1.47	1.47	2.94	2.94
25	29	1.56	1.56	3.12	3.12
30	34	2.10	2.10	4.20	4.20
35	39	2.89	2.89	5.78	5.78
40	44	4.27	4.27	8.54	8.54
45	49	5.90	5.90	11.80	11.80
50	54	7.51	7.51	15.02	15.02
55	59	10.11	10.11	20.22	20.22
60	64	14.43	14.43	28.86	28.86
65	69	20.76	20.76	41.52	41.52
70	74	32.20	32.20	64.40	64.40
75	79	47.32	47.32	94.64	94.64
80	84	68.95	68.95	137.90	137.90
85	999	116.20	116.20	232.40	232.40

* Per Belk, the above benefits have post-tax rates. Therefore, these benefits do not require an imputed income calculation.

Accident Insurance

Accident High Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
6.04	15.26	10.59	19.81

Accident Low Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
3.12	7.80	5.47	10.15

Hospital Indemnity Insurance

Hospital Indemnity High Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
9.50	13.09	19.37	22.96

Hospital Indemnity Low Plan Bi-Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
4.75	6.54	9.69	11.48

Supplemental Long-Term Disability (LTD)

Optional LTD Bi-Weekly Rates	
	Employee Cost Post-Tax
LTD Corp	0.801
LTD Stores	0.935

Supplemental Life and AD&D Insurance

Supplemental Life Cost per 1,000 rounded up Bi- Weekly	
Age Band	Employee Only
0-29	\$0.018
30-34	\$0.018
35-39	\$0.023
40-44	\$0.032
45-49	\$0.042
50-54	\$0.074
55-59	\$0.125
60-64	\$0.222
65-69	\$0.342
70-999	\$0.764

Supplementary AD&D Employee Cost Bi- Weekly		
Coverage Level	Employee Only	Family
25000	\$0.138	\$0.231
50000	\$0.277	\$0.462
75000	\$0.415	\$0.692
100000	\$0.554	\$0.923
125000	\$0.692	\$1.154
150000	\$0.831	\$1.385
175000	\$0.969	\$1.615
200000	\$1.108	\$1.846

Spouse Life Employee Cost Bi-Weekly Rates	
5000	\$1.54
10000	\$3.08
25000	\$7.70

Supplementary AD&D Domestic Partner Bi-Weekly		
Coverage	Pre Tax	Post Tax Level
25000	\$0.138	\$0.093
50000	\$0.277	\$0.185
75000	\$0.415	\$0.277
100000	\$0.554	\$0.369
125000	\$0.692	\$0.462
150000	\$0.831	\$0.554
175000	\$0.969	\$0.646
200000	\$1.108	\$0.738

Child Life Employee Cost Bi-Weekly Rates	
10,000	\$1.15

* Per Belk, Supplemental LTD has post-tax rates. Therefore, Supplemental LTD does not require an imputed income calculation.

* Per Belk, Supplemental Life & AD&D have pre-tax rates. Supplemental Life does not have spousal tiers so it does not require an imputed income

Legal Plan

Legal Employee Cost Bi- Weekly Rates
\$7.615

* Legal plans have post-tax rates. Therefore, the legal plan does not require an imputed income calculation.

2022 Weekly Premium Rates

Medical Insurance

2022 Medical Employee Cost (Weekly)						
Employee	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Employee Only	55.82	38.49	22.17	65.43	48.10	31.79
Employee + Child(ren)	81.12	55.07	41.28	90.73	64.69	50.89
Employee + Family	180.66	129.95	109.77	196.04	145.33	125.15
Employee + Spouse	155.36	113.36	91.29	170.75	128.74	106.68

Domestic Partner Rates: 2022 Medical Employee Cost (Weekly)						
Domestic Partner	No Tobacco			Uses Tobacco		
	Premier	Standard	Basic	Premier	Standard	Basic
Pre-Tax: Employee + DP	55.82	38.49	22.17	65.43	48.10	31.79
Post-Tax: Employee + DP	99.54	74.87	69.12	105.32	80.64	74.89
Taxable: Employee + DP	103.86	108.61	95.41	98.08	102.84	89.64
Pre-Tax: Employee + DP Child(ren)	55.82	38.49	22.17	65.43	48.10	31.79
Post-Tax: Employee + DP Child(ren)	25.30	16.58	19.11	25.30	16.59	19.10
Taxable: Employee + DP Child(ren)	40.90	42.97	34.14	40.90	42.96	34.15
Pre-Tax: Employee + Family (DP)	81.12	55.07	41.28	90.73	64.69	50.89
Post-Tax: Employee + Family (DP)	99.54	74.88	68.49	105.31	80.64	74.26
Taxable: Employee + Family (DP)	114.70	118.78	105.58	108.93	113.02	99.81
Pre-Tax: Employee + Family (DP & DP Child(ren))	55.82	38.49	22.17	65.43	48.10	31.79
Post-Tax: Employee + Family (DP & DP Child(ren))	124.84	91.46	87.60	130.61	97.23	93.36
Taxable: Employee + Family (DP & DP Child(ren))	155.60	161.75	139.72	149.83	155.98	133.96

Dental Insurance

2022 Dental Employee Cost (Weekly)		
	High Plan	Core Plan
Employee Only	6.92	4.93
Employee + Child(ren)	15.35	12.18
Employee + Family	21.37	16.53
Employee + Spouse	13.24	9.28

Domestic Partner Rates: 2022 Dental Employee Cost (Weekly)		
	High Plan	Core Plan
Pre-Tax: Employee + Domestic Partner	6.92	4.93
Post-Tax: Employee + Domestic Partner	6.32	4.35
Pre-Tax: Employee + DP Child(ren)	6.92	4.93
Post-Tax: Employee + DP Child(ren)	8.43	7.25
Pre-Tax: Employee + Family (Domestic Partner)	15.35	12.18
Post-Tax: Employee + Family (Domestic Partner)	6.02	4.35
Pre-Tax: Employee + Family (DP & DP Child(ren))	6.92	4.93
Post-Tax: Employee + Family (DP & DP Child(ren))	14.45	11.60

Vision Insurance

2022 Vision Employee Cost (Weekly)	
Employee Only	1.15
Employee + Child(ren)	2.17
Employee + Family	3.32
Employee + Spouse	2.07

Domestic Partner Rates: 2022 Vision Employee Cost (Weekly)	
Pre-Tax: Employee + Domestic Partner	1.15
Post-Tax: Employee + Domestic Partner	0.92
Pre-Tax: Employee + DP Child(ren)	1.15
Post-Tax: Employee + DP Child(ren)	1.02
Pre-Tax: Employee + Family (Domestic Partner)	2.17
Post-Tax: Employee + Family (Domestic Partner)	1.15
Pre-Tax: Employee + Family (DP & DP Child(ren))	1.15
Post-Tax: Employee + Family (DP & DP Child(ren))	2.17

Critical Illness Insurance

High Plan \$20K Employee Cost Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	1.07	1.07	2.14	2.14
25	29	1.16	1.16	2.32	2.32
30	34	1.70	1.70	3.40	3.40
35	39	2.49	2.49	4.97	4.97
40	44	3.86	3.86	7.72	7.72
45	49	5.50	5.50	11.00	11.00
50	54	7.11	7.11	14.21	14.21
55	59	9.71	9.71	19.41	19.41
60	64	14.03	14.03	28.06	28.06
65	69	20.36	20.36	40.71	40.71
70	74	31.80	31.80	63.60	63.60
75	79	46.92	46.92	93.84	93.84
80	84	68.55	68.55	137.10	137.10
85	999	115.80	115.80	231.59	231.59

Low Plan \$10K Employee Cost Weekly					
Minimum	Maximum	Employee Only	Employee + Child	Employee + Spouse	Family
0	24	0.74	0.74	1.47	1.47
25	29	0.78	0.78	1.56	1.56
30	34	1.05	1.05	2.10	2.10
35	39	1.45	1.45	2.89	2.89
40	44	2.14	2.14	4.27	4.27
45	49	2.95	2.95	5.90	5.90
50	54	3.76	3.76	7.51	7.51
55	59	5.06	5.06	10.11	10.11
60	64	7.22	7.22	14.43	14.43
65	69	10.38	10.38	20.76	20.76
70	74	16.10	16.10	32.20	32.20
75	79	23.66	23.66	47.32	47.32
80	84	34.48	34.48	68.95	68.95
85	999	58.10	58.10	116.20	116.20

* Per Belk, the above benefits have post-tax rates. Therefore, these benefits do not require an imputed income calculation.

Accident Insurance

Accident High Plan Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
3.02	7.63	5.30	9.91

Accident Low Plan Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
1.56	3.90	2.74	5.08

Hospital Indemnity Insurance

Hospital Indemnity High Plan Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
4.75	6.55	9.69	11.48

Hospital Indemnity Low Plan Weekly Rates			
Employee Only	Employee + Child	Employee + Spouse	Family
2.38	3.27	4.85	5.74

Supplemental Long-Term Disability (LTD)

Optional LTD Weekly Rates	
	Employee Cost Post-Tax
LTD Corp	0.401
LTD Stores	0.468

Supplemental Life and AD&D Insurance

Supplemental Life Cost per 1,000 rounded up Weekly	
Age Band	Employee Only
0-29	\$0.009
30-34	\$0.009
35-39	\$0.012
40-44	\$0.016
45-49	\$0.021
50-54	\$0.037
55-59	\$0.063
60-64	\$0.111
65-69	\$0.171
70-999	\$0.382

Supplementary AD&D Employee Cost Weekly		
Coverage Level	Employee Only	Family
25000	\$0.069	\$0.116
50000	\$0.139	\$0.231
75000	\$0.208	\$0.346
100000	\$0.277	\$0.462
125000	\$0.346	\$0.577
150000	\$0.416	\$0.693
175000	\$0.485	\$0.808
200000	\$0.554	\$0.923

Spouse Life Employee Cost Weekly Rates	
5000	\$0.77
10000	\$1.54
25000	\$3.85

Supplementary AD&D Domestic Partner Weekly		
Coverage	Pre Tax	Post Tax Level
25000	\$0.069	\$0.047
50000	\$0.139	\$0.092
75000	\$0.208	\$0.138
100000	\$0.277	\$0.185
125000	\$0.346	\$0.231
150000	\$0.416	\$0.277
175000	\$0.485	\$0.323
200000	\$0.554	\$0.369

Child Life Employee Cost Weekly Rates	
10,000	\$0.58

* Per Belk, Supplemental LTD has post-tax rates. Therefore, Supplemental LTD does not require an imputed income calculation.

* Per Belk, Supplemental Life & AD&D have pre-tax rates. Supplemental Life does not have spousal tiers so it does not require an imputed Income

Legal Plan

Legal Employee Cost Weekly Rates
\$3.808

* Legal plans have post-tax rates. Therefore, the legal plan does not require an imputed income calculation.