



2025 Medical Plan Employee Contributions*

	Essential CDHP		Standard PPO		Premium PPO		Kaiser HMO (CA Only)	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly	Weekly	Bi-Weekly
If you earn less than \$50,000								
Employee Only	\$11.13	\$22.26	\$24.23	\$48.46	\$33.20	\$66.39	\$32.00	\$64.00
Employee + One	\$20.71	\$41.42	\$46.85	\$93.69	\$64.74	\$129.47	\$62.41	\$124.81
Employee + Family	\$29.51	\$59.02	\$66.75	\$133.49	\$92.23	\$184.46	\$114.86	\$229.72
If you earn \$50,000 - \$119,999								
Employee Only	\$19.03	\$38.05	\$32.92	\$65.84	\$42.43	\$84.86	\$40.90	\$81.80
Employee + One	\$35.85	\$71.69	\$63.57	\$127.13	\$82.55	\$165.09	\$79.58	\$159.16
Employee + Family	\$51.07	\$102.13	\$90.57	\$181.14	\$117.61	\$235.21	\$146.46	\$292.92
If you earn \$120,000 or more								
Employee Only	\$19.77	\$39.53	\$34.21	\$68.42	\$44.10	\$88.19	\$42.51	\$85.01
Employee + One	\$37.25	\$74.50	\$66.06	\$132.12	\$85.78	\$171.56	\$82.70	\$165.40
Employee + Family	\$53.07	\$106.14	\$94.12	\$188.24	\$122.22	\$244.43	\$152.21	\$304.42

*These rates apply to non-tobacco users.

2025 Dental Plan Employee Contributions

	Delta PPO		Delta DHMO	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$3.82	\$7.64	\$2.54	\$5.07
Employee + One	\$7.12	\$14.24	\$4.36	\$8.71
Employee + Family	\$12.67	\$25.34	\$7.16	\$14.32

2025 Vision Plan Employee Contributions

	Core		Enhanced	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$1.50	\$3.00	\$2.58	\$5.17
Employee + One	\$2.83	\$5.66	\$4.87	\$9.75
Employee + Family	\$4.14	\$8.28	\$7.14	\$14.28

2025 Accident Insurance Employee Contributions

	Low Plan		High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$0.75	\$1.49	\$1.25	\$2.51
Employee + Spouse	\$1.46	\$2.92	\$2.45	\$4.90
Employee + Child	\$1.70	\$3.39	\$2.83	\$5.66
Employee + Family	\$2.04	\$4.07	\$3.40	\$6.80

2025 Hospital Indemnity Plan Employee Contributions

	Low Plan		High Plan	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$2.58	\$5.16	\$4.94	\$9.89
Employee + Spouse	\$4.58	\$9.15	\$8.76	\$17.52
Employee + Child	\$3.88	\$7.76	\$7.43	\$14.86
Employee + Family	\$5.88	\$11.76	\$11.25	\$22.50

2025 Critical Illness Plan Employee Contributions

Critical Illness Plan employee contributions can be found on [Dayforce](https://aeropostale.dayforce.com) at aeropostale.dayforce.com.

2025 Identity Theft Protection Employee Contributions

	Pro+		Pro+ Cyber	
	Weekly	Bi-Weekly	Weekly	Bi-Weekly
Employee Only	\$1.50	\$3.00	\$1.96	\$3.92
Employee + Family	\$2.88	\$5.77	\$3.81	\$7.62

2025 Legal Plan Employee Contributions

	Legal Plan	
	Weekly	Bi-Weekly
Employee + Family	\$4.18	\$8.35