2025 Employee Benefits

Tortoise Capital benefit plans

2025 employee monthly premium rates

	Traditional PPO	HSA QHDP	BlueSelect Plus PPO	HSA annual employer contribution
Employee	\$80.00	\$50.00	\$65.00	\$600.00
Employee + spouse	\$235.00	\$120.00	\$160.00	\$1,500.00
Employee + child(ren)	\$125.00	\$75.00	\$95.00	\$1,500.00
Family	\$325.00	\$150.00	\$220.00	\$1,500.00

DENTAL	
Employee	\$18.00
Employee + spouse	\$40.00
Employee + child(ren)	\$50.00
Family	\$75.00

LONG-TERM DISABILITY	
Employee	100% employer paid

SHORT-TERM DISABILITY	
Employee	100% employer paid

VISION	
Employee	\$9.20
Employee + spouse	\$14.71
Employee + child(ren)	\$15.01
Family	\$24.21

BASIC LIFE AND AD&D	
Employee	\$100,000
Spouse	\$10,000
Child(ren)	\$5,000

VOLUNTARY LIFE — c	osts per \$10,00	0 of coverage	;						
Age	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Employee	\$0.86	\$0.99	\$1.26	\$1.62	\$2.41	\$3.53	\$5.58	\$8.73	\$15.09
Spouse	\$0.86	\$0.99	\$1.26	\$1.62	\$2.41	\$3.53	\$5.58	\$8.73	\$15.09
Child(ren)*	\$	0.79 per \$2,00	00		*Regardle	ess of the num	ber of childrer	n enrolled.	

EMPLOYEE ASSISTANCE PROGRAM		
100% employer paid		
\$7.99		
\$14.98		

ACCIDENT	
Employee	\$16.92
Employee + spouse	\$25.38
Employee + child(ren)	\$33.84
Family	\$42.30



CRITICAL ILLNESS — \$10,000	0 benefit coverage level*				
Age	18-35	36-50	51-60	61-63	64+
Employee	\$7.35	\$16.35	\$33.55	\$51.95	\$75.85
Employee + spouse	\$11.15	\$24.65	\$50.45	\$78.05	\$113.90
Employee + child(ren)	\$7.35	\$16.35	\$33.55	\$51.95	\$75.85
Family	\$11.15	\$24.65	\$50.45	\$78.05	\$113.90
CRITICAL ILLNESS — \$30,000	0 benefit coverage level*				
Employee	\$17.56	\$44.56	\$96.15	\$151.35	\$223.06
Employee + spouse	\$26.46	\$66.97	\$144.36	\$227.15	\$334.71
Employee + child(ren)	\$17.56	\$44.56	\$96.15	\$151.35	\$223.06
Family	\$26.46	\$66.97	\$144.36	\$227.15	\$334.71
CRITICAL ILLNESS - \$50,000	0 benefit coverage level*				
Employee	\$27.77	\$72.77	\$158.76	\$250.75	\$370.26
Employee + spouse	\$41.78	\$109.28	\$238.27	\$376.25	\$555.52
Employee + child(ren)	\$27.77	\$72.77	\$158.76	\$250.75	\$370.26
Family	\$41.78	\$109.28	\$238.27	\$376.25	\$555.52

*Rate differential applied to smoker policies.

All benefits subject to eligibility rules. Premium rates are applied based on the terms and conditions of the benefit plan documents and may change or vary from those identified here based on certain applicable factors such as compensation and smoker status.

