2027 EMPLOYEE BENEFITS

Tortoise Capital benefit plans

2027 employee monthly premium rates

MEDICAL	Traditional PPO	HSA QHDP	BlueSelect Plus PPO	HSA annual employer contribution
Employee	$110.00	$75.00	$95.00	$600.00
Employee + spouse	$290.00	$155.00	$200.00	$1,500.00
Employee +child(ren)	$165.00	$105.00	$130.00	$1,500.00
Family	$390.00	$200.00	$275.00	$1,500.00

DENTAL	
Employee	$25.00
Employee + spouse	$50.00
Employee +child(ren)	$60.00
Family	$95.00

VISION	
Employee	$10.04
Employee + spouse	$16.06
Employee +child(ren)	$16.39
Family	$26.43

LONG-TERM DISABILITY	
Employee	100% employer paid

SHORT-TERM DISABILITY	
Employee	100% employer paid

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

VOLUNTARY LIFE - costs per $10,000 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 $2,000			*Regardless of the number of children enrolled.					

EMPLOYEE ASSISTANCE PROGRAM	
Employee	100% employer paid

IDENTITY THEFT	
Employee (Premier)	$7.99
Family (Premier)	$14.98

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

Tortoise Capital

CRITICAL ILLNESS - $10,000 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 benefit coverage level*					
Employee	$17.56	$44.56	$96.15	$151.35	$223.06
Employee + spouse	$26.56	$66.97	$144.36	$227.15	$334.71
Employee +child(ren)	$17.56	$44.56	$96.15	$151.35	$223.06
Family	$26.56	$66.97	$144.36	$227.15	$334.71
CRITICAL ILLNESS - $50,000 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.