

# Schaeffler Benefits 2024

## Ohio

### Medical

Coverage tier	Plan 1*		CDHP*	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee only	\$63.92	\$31.96	\$21.40	\$10.70
Employee + spouse	\$157.03	\$78.51	\$48.48	\$24.24
Employee + child(ren)	\$123.04	\$61.52	\$38.95	\$19.47
Family	\$216.19	\$108.09	\$85.57	\$42.79

\*Tobacco/nicotine users and their covered spouses (if tobacco/nicotine users) will each be assessed a \$23.08 biweekly (\$11.54 weekly) tobacco surcharge

### Dental

Coverage tier	Plan 1		Plan 2	
	Bi-Weekly	Weekly	Bi-Weekly	Weekly
Employee only	\$5.08	\$2.54	\$3.23	\$1.62
Employee + spouse	\$9.69	\$4.85	\$6.46	\$3.23
Employee + child(ren)	\$9.23	\$4.62	\$6.00	\$3.00
Family	\$13.85	\$6.92	\$9.23	\$4.62

### Vision

Coverage tier	Bi-Weekly	Weekly
Employee only	\$0.46	\$0.23
Employee + spouse	\$0.92	\$0.46
Employee + child(ren)	\$0.69	\$0.35
Family	\$1.15	\$0.58



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### Disability Insurance

#### How much will coverage cost me?

You pay \$0.2185 per \$100 of Long-Term Disability Insurance coverage.



### Life & AD&D Insurance

Employee's age	Employee & Spouse* Supplemental Life Insurance** (monthly rate per \$1,000 of coverage)	Employee Supplemental AD&D Insurance** (monthly rate)
≤ 29	\$0.055	\$0.025 per \$1,000 of coverage
30-34	\$0.072	
35-39	\$0.081	
40-44	\$0.099	
45-49	\$0.144	
50-54	\$0.207	
55-59	\$0.386	
60-64	\$0.594	
65-69	\$1.142	
70+	\$1.853	

\* Spouse Life premiums are based on employee's age.

\*\* Premiums may change midyear as your age and/or salary change.

Coverage amount	Child Supplemental Life Insurance (monthly rate)
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80



### Accident Insurance

Coverage tier	Monthly rate
Employee only	\$9.74
Employee + spouse	\$16.39
Employee + child(ren)	\$18.18
Family	\$24.65



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### Critical Illness

Employee & Spouse*			
Employee's age**	\$10,000 Monthly rate	\$20,000 Monthly rate	\$30,000 Monthly rate
≤ 24	\$2.20	\$4.40	\$6.60
25-29	\$3.05	\$6.10	\$9.15
30-34	\$3.92	\$7.84	\$11.76
35-39	\$5.02	\$10.04	\$15.06
40-44	\$7.20	\$14.40	\$21.60
45-49	\$9.67	\$19.34	\$29.01
50-54	\$13.75	\$27.50	\$41.25
55-59	\$18.90	\$37.80	\$56.70
60-64	\$26.83	\$53.66	\$80.49
65-69	\$37.17	\$74.34	\$111.51
70+	\$69.54	\$139.08	\$208.62
Child			
Coverage tier	Monthly rate		
\$5,000	\$1.86		
\$10,000	\$3.72		
\$15,000	\$5.58		

\*Spouse Critical Illness premiums are based on the employee's age.

\*\*Premiums may change midyear as your age and/or salary change.



### Hospital Indemnity

Coverage tier	Monthly rate
Employee only	\$19.25
Employee + spouse	\$42.45
Employee + child(ren)	\$30.01
Family	\$55.48



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