

**Full-time Benefit Contributions
07/01/2016 – 06/30/2017**

Medical, Dental, and Vision Weekly Pre-Tax Deductions

Medical – Discounted Rates (Associate and covered spouse, if applicable, must take the PHA at www.webmdhealth.com/staples and identify themselves as a non-tobacco user or complete 3 tobacco cessation coaching calls with WebMD before the discount is applied.)

Coverage Level	HSA	HRA	Kaiser
Single	\$20.67	\$30.29	\$33.45
Associate + child(ren)	\$41.34	\$60.58	\$66.89
Associate + spouse	\$49.60	\$72.70	\$80.27
Family	\$62.07	\$90.87	\$99.82

Medical – Non-discounted Rates (Associate and covered spouse, if applicable, has not completed the PHA, or is a tobacco user and has not completed 3 tobacco cessation coaching calls with WebMD.)

Coverage Level	HSA	HRA	Kaiser
Single	\$39.13	\$48.75	\$51.91
Associate + child(ren)	\$59.80	\$79.04	\$85.35
Associate + spouse	\$68.06	\$91.16	\$98.73
Family	\$80.53	\$109.33	\$118.28

Dental

Coverage Level	Delta Dental PPO Plus Premier
Single	\$3.12
Associate + child(ren)	\$6.52
Associate + spouse	\$7.48
Family	\$10.20

Vision

Coverage Level	Vision
Single	\$1.38
Associate + child(ren)	\$2.77
Associate + spouse	\$3.32
Family	\$4.15

Life, Accidental Death and Dismemberment and Long-term Disability Calculations

Note: These are post-tax deductions.

Supplemental Life

How to Calculate Supplemental Life Cost for Associate coverage:

Step 1 - Your Annual Salary x Your Amount of Coverage (1, 2, 3, 4 or 5) - Result, rounded to the next higher \$1,000

Step 2 - Result of **Step 1** divided by 1,000

Step 3 - Result of **Step 2** x Optional Life Rate of Associate's Age

Final results equal weekly cost (payroll deduction) *

How to Calculate Life Coverage for Spouse:

Step 1 - Your Spouse's amount of life insurance [(\$10k, \$25k, \$50k, \$100k, \$150k, \$200k)/ \$1,000]

Step 2 - Result of **Step 1** x Spouse Cost for Associate's Age

Final results equal monthly cost (payroll deduction) *

Age Calculation Chart

Associate Age	Supplemental & Spouse Cost per \$1,000 of Coverage (Non-smoker rate)	Supplemental & Spouse Cost per \$1,000 of Coverage (Smoker rate)
Under age 25	\$0.006	\$0.012
25 to 29	\$0.005	\$0.014
30 to 34	\$0.006	\$0.018
35 to 39	\$0.009	\$0.021
40 to 44	\$0.013	\$0.030
45 to 49	\$0.021	\$0.051
50 to 54	\$0.033	\$0.088
55 to 59	\$0.060	\$0.168
60 to 64	\$0.095	\$0.275
65 to 69	\$0.148	\$0.316
70 to 74	\$0.245	\$0.475
75 and over	\$0.316	\$0.676

Premium Contributions for Child Life Coverage:

Coverage Amount For Each Dependent Child	Cost*
\$5000	\$0.043/week
\$10,000	\$0.084/week
\$25,000	\$0.211/week

Supplemental AD&D

How to Calculate Supplemental Accidental Death and Dismemberment (AD&D) Cost for Associate and Dependent Coverage:

Associate only coverage costs \$0.003 per \$1,000 of coverage per week. The family rate is \$0.005 per \$1,000 of coverage per week.

Step 1 - Your Annual Salary x Your Amount of Coverage (1, 2, or 3) - Result, rounded to the next higher \$1,000

Step 2 - Result of **Step 1** divided by 1,000

Step 3 - Result of **Step 2** x \$0.003 for associate only coverage or Result of **Step 2** x \$0.005 for family coverage

Final results equal weekly cost (payroll deduction) *

Long Term-Disability

How to Calculate Optional Long-Term Disability (LTD) Premium:

_____ X \$0.0051 = _____
Your weekly basic earnings Weekly premium cost (payroll deduction)

NOTE: Specific premiums will be reflected on your "Personal Enrollment Worksheet" which you will receive at home within 2 weeks from your hire or status change date.