2027 DSG Rates

All rates are per biweekly pay unless otherwise indicated

MEDICAL				
	Traditional PPO	Core HRA	Buy-up HSA	Base HSA
Teammate	$107.00	$56.00	$73.00	$28.00
Teammate + Spouse	$277.00	$118.00	$191.00	$85.00
Teammate + Child(ren)	$213.00	$101.00	$159.00	$56.00
Family	$405.00	$168.00	$221.00	$112.00

SPOUSAL/DOMESTIC PARTNER SURCHARGE (MEDICAL ONLY)
Rate per pay
$46.15

DENTAL		
	Delta Dental Buy-up	Delta Dental Base
Teammate	$10.00	$7.00
Teammate + Spouse	$17.00	$11.00
Teammate + Child(ren)	$19.00	$13.00
Family	$35.00	$23.00

VISION		
	VSP Buy-up	VSP Base
Teammate	$4.36	$0.49
Teammate + Spouse	$6.88	$0.78
Teammate + Child(ren)	$7.36	$0.83
Family	$11.76	$1.33

SUPPLEMENTAL LIFE	
Rate per month (life insurance at an additional 1x, 2x, 3x, 4x, 5x, 6x or 7x your base salary)	
Age	Rate Per $1,000 of Coverage
Under 25	$0.05
25 to 29	$0.06
30 to 34	$0.08
35 to 39	$0.09
40 to 44	$0.10
45 to 49	$0.15
50 to 54	$0.23
55 to 59	$0.43
60 to 64	$0.66
65 to 69	$1.27
70+	$2.06

SUPPLEMENTAL AD&D	
Rate per month (AD&D insurance at an additional 1x, 2x, 3x, 4x, 5x, 6x or 7x your base salary)	
Rate per $1000 of Coverage	$0.012

SPOUSE/DOMESTIC PARTNER LIFE INSURANCE	
Coverage	Cost per pay
$10,000	$0.69
$20,000	$1.38
$50,000	$3.46

DEPENDENT CHILD LIFE INSURANCE	
Coverage	Cost per pay
$10,000	$0.46
$20,000	$0.92

SUPPLEMENTAL LONG-TERM DISABILITY	
Available to salaried teammates with base salary higher than $120,000	
Rate per month	$0.22 per $100 monthly covered salary

VOLUNTARY LONG-TERM DISABILITY	
Available to full-time hourly teammates only	
Rate per month	$0.25 per $100 monthly covered salary

Premiums for your domestic partner (if applicable) will be taken from your pay after tax, and the employer portion will be subject to imputed income, which may result in additional taxes. Contact Benefits@dcsg.com for additional information on Domestic Partner coverage.