TakeCare 2027 Rates

All rates are per bi-weekly pay unless otherwise indicated

	Medical	Dental	Total
Employee	$60.78	$19.43	$80.21
Employee + Spouse	$157.85	$48.34	$206.18
Employee + Child(ren)	$125.46	$40.57	$166.03
Employee + Family	$280.88	$72.82	$353.70
Spousal/Domestic Parter Surcharge	$46.15	N/A	

Supplemental Life Insurance - Rate per month (Life Insurance at 1x to 7x base salary)

Age	Rate per $1000 of coverage
Under 25	$0.05
25-29	$0.06
30-34	$0.08
35-39	$0.09
40-44	$0.10
45-49	$0.15
50-54	$0.23
55-59	$0.43
60-64	$0.66
65-69	$1.27
70+	$2.06

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 AD&D - Rate per month (Insurance at additional 1x to 7x base salary)

Rate per $1000 of coverage	$0.012

Supplemental Long-Term Disability - Available to salaried teammates with base salary greater than $120,000 annually.

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

Note: 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. Please contact benefits@dcsg.com for additional information on Domestic Partner coverage.

Foot Locker - Internal Use Only