

2025 Jabil Voluntary Benefit Rates

Bi-Weekly / Weekly Payroll Deductions

Accident Insurance

Tier	Bi-Weekly Rate	Weekly Rate
Employee	\$2.84	\$1.42
Employee + Spouse	\$5.54	\$2.77
Employee + Child(ren)	\$6.65	\$3.33
Employee + Family	\$7.84	\$3.92

Hospital Indemnity Insurance

Tier	Bi-Weekly Rate	Weekly Rate
Employee	\$6.17	\$3.09
Employee + Spouse	\$13.75	\$6.88
Employee + Child(ren)	\$9.98	\$4.99
Employee + Family	\$17.57	\$8.79

Critical Illness – Employee Coverage

Age Band	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
0 – 24	\$3.05	\$1.52
25 – 29	\$3.42	\$1.71
30 – 34	\$4.43	\$2.22
35 – 39	\$6.00	\$3.00
40 – 44	\$8.58	\$4.29
45 – 49	\$11.63	\$5.82
50 – 54	\$15.32	\$7.66
55 – 59	\$19.75	\$9.88
60 – 64	\$24.65	\$12.32
65 – 69	\$26.95	\$13.48
70+	\$46.15	\$23.08

Critical Illness – Spouse Coverage (based on Spouse's age)

Age Band	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
0 – 24	\$1.52	\$0.76
25 – 29	\$1.71	\$0.85
30 – 34	\$2.22	\$1.11
35 – 39	\$3.00	\$1.50
40 – 44	\$4.29	\$2.15
45 – 49	\$5.82	\$2.91
50 – 54	\$7.66	\$3.83
55 – 59	\$9.88	\$4.94
60 – 64	\$12.32	\$6.16
65 – 69	\$13.48	\$6.74
70+	\$23.08	\$11.54

Legal Plan

Tier	Bi-Weekly Rate	Weekly Rate
Legal Plan	\$5.54	\$2.77
Legal Plan + Parents and Additional Coverages	\$7.39	\$3.69

Identity Theft

Tier	Bi-Weekly Rate	Weekly Rate
Non-Executive Employee Only	\$3.67	\$1.84
Non-Executive Employee + Family	\$6.44	\$3.22

Note: The information contained in this document is not a contract of employment or guarantee of benefits. Rates may be subject to rounding and your per paycheck deduction may vary slightly based on rounding, enrollment dates, and other factors. Rates are also subject to change without notice.