

2027 Jabil Voluntary Benefits 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

Critical Illness – Employee Coverage

Age Band	Bi-Weekly Rate per \$1,000 of Coverage	Weekly Rate per \$1,000 of Coverage
0 – 24	\$0.15	\$0.08
25 – 29	\$0.17	\$0.09
30 – 34	\$0.22	\$0.11
35 – 39	\$0.30	\$0.15
40 – 44	\$0.43	\$0.21
45 – 49	\$0.58	\$0.29
50 – 54	\$0.77	\$0.38
55 – 59	\$0.99	\$0.49
60 – 64	\$1.23	\$0.62
65 – 69	\$1.35	\$0.67
70+	\$2.31	\$1.15

Legal Plan

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

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.

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 – 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	\$0.15	\$0.08
25 – 29	\$0.17	\$0.09
30 – 34	\$0.22	\$0.11
35 – 39	\$0.30	\$0.15
40 – 44	\$0.43	\$0.21
45 – 49	\$0.58	\$0.29
50 – 54	\$0.77	\$0.38
55 – 59	\$0.99	\$0.49
60 – 64	\$1.23	\$0.62
65 – 69	\$1.35	\$0.67
70+	\$2.31	\$1.15

Identity Theft Option 1 (Protection Select)

Tier	Bi-Weekly Rate	Weekly Rate
Non-Executive Employee Only	\$3.30	\$1.62
Non-Executive Employee + Family	\$5.45	\$2.67

Identity Theft Option 2 (Protection Plus)

Tier	Bi-Weekly Rate	Weekly Rate
Non-Executive Employee Only	\$4.27	\$2.09
Non-Executive Employee + Family	\$6.09	\$2.99