

# 2025 COSTS FOR Coverage

## YOUR BIWEEKLY PAYCHECK COSTS FOR MEDICAL COVERAGE

### Cigna Medical Plans

	CIGNA PPO PLAN	CIGNA HRA PLAN	CIGNA HSA PLAN	CIGNA ECONOMY HSA PLAN
Associate	\$98.43	\$44.04	\$54.39	\$27.28
Associate + 1	\$195.84	\$87.05	\$108.78	\$54.55
Associate + Family	\$294.26	\$130.06	\$163.16	\$81.83

### Kaiser Permanente Medical Plans (available in certain locations)

	KAISER PERMANENTE \$500 PLAN	KAISER PERMANENTE \$2,000 HRA PLAN	KAISER PERMANENTE HIGH HDHP	KAISER PERMANENTE LOW HDHP
Associate	\$93.00	\$42.00	\$52.00	\$17.00
Associate + 1	\$185.00	\$84.00	\$103.00	\$33.00
Associate + Family	\$278.00	\$123.00	\$152.00	\$49.00

## YOUR BIWEEKLY COSTS FOR DENTAL COVERAGE

	LOW DPPO	HIGH DPPO	DELTACARE USA (DHMO) - AVAILABLE IN CERTAIN LOCATIONS
Associate	\$9.00	\$15.00	\$5.00
Associate + 1	\$17.00	\$31.00	\$12.00
Associate + Family	\$23.00	\$47.00	\$18.00

## YOUR BIWEEKLY COSTS FOR VISION COVERAGE

	STANDARD PLAN	PREMIUM PLAN	PREMIUM PLUS PLAN
Associate	\$2.77	\$4.49	\$7.82
Associate + 1	\$5.52	\$8.97	\$15.63
Associate + Family	\$8.91	\$14.43	\$25.16

This document is designed as a reference to help eligible associates enroll for benefits and answer many benefit questions. The legal documents and insurance contracts governing these plans will determine your benefits in the event of any omissions or discrepancies. Your participation in these plans is not a contract of employment and does not guarantee your future employment. American Eagle Outfitters, Inc. has the right to change or alter any benefits that are available to Associates listed or not listed in this summary. This summary does not in any way guarantee benefits for all Associates. It is only used for a summary of available benefits while employed with American Eagle Outfitters, Inc.