

JCPenney 2025 Paycheck Deductions for U.S. Full-Time Associates



The following pages contain the monthly associate contributions for benefits beginning January 1, 2025. Your actual per-paycheck deduction amounts will be based on your pay frequency and the frequency with which deductions are taken.

Medical

Annual Base Compensation Less than \$50,000

Monthly Paycheck Deductions

| Coverage Level | PPO | HSA Plus | HSA Basic | Value Medical |
|------------------|----------|----------|-----------|---------------|
| You Only | \$198.00 | \$114.00 | \$50.00 | \$27.00 |
| You + Spouse | \$597.00 | \$402.00 | \$195.00 | \$93.00 |
| You + Child(ren) | \$410.00 | \$267.00 | \$137.00 | \$41.00 |
| You+ Family | \$784.00 | \$530.00 | \$250.00 | \$127.00 |

Annual Base Compensation \$50,000 or More

Monthly Paycheck Deductions

| Coverage Level | PPO | HSA Plus | HSA Basic | Value Medical |
|------------------|----------|----------|-----------|---------------|
| You Only | \$203.00 | \$121.00 | \$57.00 | \$32.00 |
| You + Spouse | \$624.00 | \$431.00 | \$224.00 | \$121.00 |
| You + Child(ren) | \$429.00 | \$286.00 | \$155.00 | \$59.00 |
| You+ Family | \$822.00 | \$571.00 | \$288.00 | \$166.00 |

Dental

Monthly Paycheck Deductions

| Coverage Level | Dental Basic | Dental Plus | DMHO |
|------------------|--------------|-------------|---------|
| You Only | \$16.00 | \$38.00 | \$16.97 |
| You + Spouse | \$39.00 | \$87.00 | \$42.44 |
| You + Child(ren) | \$33.00 | \$77.00 | \$37.13 |
| You+ Family | \$52.00 | \$122.00 | \$58.35 |

Vision

Monthly Paycheck Deductions

| Coverage Level | Vision |
|------------------|---------|
| You Only | \$8.92 |
| You + Spouse | \$17.88 |
| You + Child(ren) | \$19.12 |
| You+ Family | \$30.56 |

Legal Service Plan

Monthly Paycheck Deductions

| | Coverage |
|-----------|----------|
| Associate | \$16.48 |

Supplemental Life and AD&D Insurance

Monthly Paycheck Deductions

| Age | Associate | | Spouse/Domestic Partner | |
|--------------------|--|--------------|--|--------------|
| | Per \$1,000 of Coverage 1x-8x Annual Earnings Up to \$5 Million | | Per \$1,000 of Coverage \$10,00-\$250,000** | |
| | Non-Tobacco User | Tobacco User | Non-Tobacco User | Tobacco User |
| <25 | \$0.034 | \$0.043 | \$0.080 | \$0.100 |
| 25-29 | \$0.035 | \$0.044 | \$0.080 | \$0.100 |
| 30-34 | \$0.035 | \$0.044 | \$0.091 | \$0.110 |
| 35-39 | \$0.046 | \$0.058 | \$0.102 | \$0.131 |
| 40-44 | \$0.063 | \$0.080 | \$0.182 | \$0.230 |
| 45-49 | \$0.098 | \$0.124 | \$0.270 | \$0.330 |
| 50-54 | \$0.151 | \$0.191 | \$0.429 | \$0.542 |
| 55-59 | \$0.279 | \$0.354 | \$0.774 | \$0.976 |
| 60-64 | \$0.431 | \$0.544 | \$1.050 | \$1.327 |
| 65-69 | \$0.712 | \$0.899 | \$1.445 | \$1.824 |
| 70-74 | \$1.209 | \$1.527 | \$2.343 | \$2.874 |
| 75-79 | \$1.612 | \$1.904 | \$3.799 | \$4.559 |
| 80-84 | \$1.612 | \$1.904 | \$3.799 | \$4.559 |
| 85-89 | \$1.612 | \$1.904 | \$3.799 | \$4.559 |
| 90-94 | \$1.612 | \$1.904 | \$3.799 | \$4.559 |
| 95+ | \$1.612 | \$1.904 | \$3.799 | \$4.559 |
| Child(ren)* | | | | |
| \$10,000 | | | \$0.500 | |
| \$15,000 | | | \$0.751 | |
| \$20,000 | | | \$1.001 | |

* You must purchase Associate coverage to elect this coverage.

** Cannot exceed associate coverage (Basic + Supplemental coverage).

Supplemental Long-Term Disability

Monthly Paycheck Deductions

| | Coverage |
|-----------|----------------------------------|
| Associate | \$0.361 per \$100 covered amount |

Accident and Hospital Indemnity

Monthly Paycheck Deductions

| Coverage Level | Accident | Hospital Indemnity |
|------------------|----------|--------------------|
| You Only | \$5.00 | \$9.92 |
| You + Spouse | \$9.16 | \$21.16 |
| You + Child(ren) | \$10.68 | \$19.48 |
| You+ Family | \$13.40 | \$30.88 |

Critical Illness

Monthly Paycheck Deductions

\$5,000 Coverage

| Coverage Level | Age | | | | |
|------------------|--------|--------|--------|---------|---------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$2.24 | \$3.89 | \$5.59 | \$11.79 | \$17.07 |
| You + Spouse | \$3.37 | \$5.65 | \$8.27 | \$19.02 | \$29.95 |
| You + Child(ren) | \$2.24 | \$3.89 | \$5.59 | \$11.79 | \$17.07 |
| You+ Family | \$3.37 | \$5.65 | \$8.27 | \$19.02 | \$29.95 |

\$10,000 Coverage

| Coverage Level | Age | | | | |
|------------------|--------|---------|---------|---------|---------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$4.16 | \$7.45 | \$10.86 | \$23.25 | \$33.81 |
| You + Spouse | \$6.19 | \$10.75 | \$16.00 | \$37.49 | \$59.36 |
| You + Child(ren) | \$4.16 | \$7.45 | \$10.86 | \$23.25 | \$33.81 |
| You+ Family | \$6.19 | \$10.75 | \$16.00 | \$37.49 | \$59.36 |

\$20,000 Coverage

| Coverage Level | Age | | | | |
|------------------|---------|---------|---------|---------|----------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$7.99 | \$14.57 | \$21.39 | \$46.17 | \$67.29 |
| You + Spouse | \$11.83 | \$20.95 | \$31.45 | \$74.43 | \$118.17 |
| You + Child(ren) | \$7.99 | \$14.57 | \$21.39 | \$46.17 | \$67.29 |
| You+ Family | \$11.83 | \$20.95 | \$31.45 | \$74.43 | \$118.17 |

\$30,000 Coverage

| Coverage Level | Age | | | | |
|------------------|---------|---------|---------|----------|----------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$11.82 | \$21.69 | \$31.92 | \$69.09 | \$100.77 |
| You + Spouse | \$17.47 | \$31.15 | \$46.90 | \$111.37 | \$176.98 |
| You + Child(ren) | \$11.82 | \$21.69 | \$31.92 | \$69.09 | \$100.77 |
| You+ Family | \$17.47 | \$31.15 | \$46.90 | \$111.37 | \$176.98 |

\$40,000 Coverage

| Coverage Level | Age | | | | |
|------------------|---------|---------|---------|----------|----------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$15.65 | \$28.81 | \$42.45 | \$92.01 | \$134.25 |
| You + Spouse | \$23.11 | \$41.35 | \$62.35 | \$148.31 | \$235.79 |
| You + Child(ren) | \$15.65 | \$28.81 | \$42.45 | \$92.01 | \$134.25 |
| You+ Family | \$23.11 | \$41.35 | \$62.35 | \$148.31 | \$235.79 |

\$50,000 Coverage

| Coverage Level | Age | | | | |
|------------------|---------|---------|---------|----------|----------|
| | <30 | 30-39 | 40-49 | 50-59 | 60+ |
| You Only | \$19.48 | \$35.93 | \$52.98 | \$114.93 | \$167.73 |
| You + Spouse | \$28.75 | \$51.55 | \$77.80 | \$185.25 | \$294.60 |
| You + Child(ren) | \$19.48 | \$35.93 | \$52.98 | \$114.93 | \$167.73 |
| You+ Family | \$28.75 | \$51.55 | \$77.80 | \$185.25 | \$294.60 |