

JCPenney 2025 Paycheck Deductions for Puerto Rico 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

Monthly Paycheck Deductions

Coverage Level	
You Only	\$48.00
You + Spouse	\$204.00
You + Child(ren)	\$178.00
You+ Family	\$336.00

Dental

Monthly Paycheck Deductions

Coverage Level	Dental Basic	Dental Plus
You Only	\$16.00	\$38.00
You + Spouse	\$39.00	\$87.00
You + Child(ren)	\$33.00	\$77.00
You+ Family	\$52.00	\$122.00

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