

# Benefit Rate Sheet



## RATE SHEET DISCLAIMER

The rate information provided in this guide is subject to change at any time by your employer and/or the plan provider. The rate information included herein, does not guarantee coverage or change or otherwise interpret the terms of the specific plan documentation, available at CBEBC Benefits Website, which may include additional exclusions and limitations and may require an application for coverage to determine eligibility for the health benefit plan. To the extent the information provided in this summary is inconsistent with the specific plan documentation, the provisions of the specific plan documentation will govern in all cases.

Dental		
	Low	High
Employee Only	\$17.96	\$33.20
Employee and Spouse	\$35.90	\$63.86
Employee and Child(ren)	\$39.43	\$65.61
Employee and Family	\$57.38	\$92.53

Vision		
	Low	High
Employee Only	\$6.50	\$20.00
Employee and Spouse	\$12.00	\$39.00
Employee and Child(ren)	\$14.00	\$44.00
Employee and Family	\$22.00	\$54.00

Hospital Indemnity Plan		
	Low	High
Employee Only	\$16.57	\$30.78
Employee and Spouse	\$31.45	\$62.19
Employee and Child(ren)	\$25.44	\$48.47
Employee and Family	\$40.32	\$79.88

Health Savings Account (HSA)	
Individual	\$4,150
Family	\$8,300

Flexible Spending Account (FSA)	
Individual	\$3,200
Dependent Care	\$5,000

Emergency Medical transport	
Emergent Plus	Platinum
All \$14.00	Employee Only \$24.50
	Family Rate \$32.50

Cancer		
	Low	High
Employee Only	\$15.00	\$27.92
Employee and Spouse	\$28.46	\$53.10
Employee and Child(ren)	\$18.78	\$34.80
Employee and Family	\$31.16	\$58.66

Accident		
	Low	High
Employee Only	\$6.94	\$10.73
Employee and Spouse	\$10.92	\$16.89
Employee and Child(ren)	\$11.52	\$17.82
Employee and Family	\$17.59	\$29.08

Telehealth	
Employee Only	\$8
Employee and Family	\$16
*Employer paid premiums vary by employer	

Identity Theft Monitoring	
Employee Only	\$7.00
Employee and Family	\$14.00

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Voluntary Life and AD&D (per \$10,000)			
Age	Employee	Age	Spouse (Per \$5000)
18-24	\$0.48	18-24	\$0.24
25-29	\$0.48	25-29	\$0.24
30-34	\$0.67	30-34	\$0.335
35-39	\$0.76	35-39	\$0.38
40-44	\$0.95	40-44	\$0.475
45-49	\$1.43	45-49	\$0.715
50-54	\$2.28	50-54	\$1.140
55-59	\$3.71	55-59	\$1.855
60-64	\$5.61	60-64	\$2.805
65-69	\$10.83	65-69	\$5.415
70-74	\$17.58	70-74	\$8.79
75+	\$24.80	75+	\$12.40

Children Voluntary Life	
To age 26	
\$10,000.00	\$1.60

AD&D Monthly Rate	
Employee AD&D Monthly Rate	\$0.30 per 10,000
Spouse AD&D Monthly Rate	\$0.15 per 5,000
Child AD&D Monthly Rate	\$0.30 per 10,000

Critical Illness	
Employee	Rate Per \$1,000
0- 29	\$0.260
30-39	\$0.424
40-49	\$0.646
50-59	\$1.182
60-69	\$3.183
70+	\$3.183
Spouse	Rate Per \$1,000
0- 29	\$0.260
30-39	\$0.424
40-49	\$0.646
50-59	\$1.182
60-69	\$3.183
70+	\$3.183

Long Term Disability	
Elimination Period	Rate per \$100 of Monthly Benefit
0/7	\$3.32
14/14	\$2.82
30/30	\$2.44
60/60	\$1.99
90/90	\$1.15
180/180	\$0.84