

Medical and Prescription (Monthly Rates)

Copay Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$684.90	\$85.10	\$770.00	\$785.40
Individual + Spouse/Domestic Partner	\$684.90	\$854.10	\$1539.00	\$1569.78
Individual + Child(ren)	\$684.90	\$854.10	\$1539.00	\$1569.78
Individual + Family	\$684.90	\$1470.10	\$2155.00	\$2198.10
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$761.00	\$0.00	\$761.00	\$776.22
Individual + Spouse/Domestic Partner	\$761.00	\$761.00	\$1522.00	\$1552.44
Individual + Child(ren)	\$761.00	\$761.00	\$1522.00	\$1552.44
Individual + Family	\$761.00	\$1370.00	\$2131.00	\$2173.62

Dental - Delta Dental (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$9.36	\$34.64	\$44.00	\$44.88
Individual + Spouse/Domestic Partner	\$9.36	\$81.64	\$91.00	\$92.82
Individual + Child(ren)	\$9.36	\$65.64	\$75.00	\$76.50
Individual + Family	\$9.36	\$106.64	\$116.00	\$118.32

Prepaid Dental - TDA (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$10.40	\$0.00	\$10.40	\$10.61
Individual + Spouse/Domestic Partner	\$10.40	\$10.40	\$20.80	\$21.22
Individual + Child(ren)	\$10.40	\$12.48	\$22.88	\$23.34
Individual + Family	\$10.40	\$15.60	\$26.00	\$26.52

Vision (Monthly Rates)

Vision	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$7.19	\$7.19	\$7.33
Individual + Spouse/Domestic Partner	\$0.00	\$14.39	\$14.39	\$14.68
Individual + Child(ren)	\$0.00	\$15.39	\$15.39	\$15.70
Individual + Family	\$0.00	\$24.60	\$24.60	\$25.09

Optional Notes:

None

See attached for all other ancillary products.

Ancillary Rates

BENEFIT		PROVIDER	
Basic Life (Includes AD&D)		MetLife	
Monthly Rates			
Employer paid		Cost Per \$50,000 \$5.05	

BENEFIT		PROVIDER	
Supplemental Life (Includes AD&D)		MetLife	
Monthly Rates			
Age	Cost per \$1,000	Age	Cost per \$1,000
Under age 30	\$0.067	50-54	\$0.225
30-34	\$0.086	55-59	\$0.411
35-39	\$0.095	60-64	\$0.625
40-44	\$0.119	65-69	\$1.192
45-49	\$0.151	70+	\$2.470
Child	\$0.152		

BENEFIT		PROVIDER	
Short Term Disability		MetLife	
Monthly Rates			
Age	Per \$10 weekly benefit		
<45	\$0.345		
45-49	\$0.424		
50-54	\$0.530		
55-59	\$0.645		
60-64	\$0.769		
65+	\$0.919		

66 2/3% up to \$1,500 weekly benefit; 14 day waiting period

Upon selection, a more comprehensive overview of the benefits will be provided. If you have any questions, please contact your member advocate at 888.331.0222.