Town of Southampton
2026-2027 Employee Benefits Rate Sheet
(Detailed Benefit Summaries Available Separately)

EyeMed Vision

	Monthly
Employee	$4.45
Employee+ Spouse	$8.46
Employee+ Child(ren)	$8.90
Family	$13.08

MetLife Dental (Low Plan)

	Monthly
Employee	$33.46
Employee+ 1	$67.26
Family	$122.53

MetLife Dental (High Plan)

	Monthly
Employee	$43.12
Employee+ 1	$86.70
Family	$144.70

The Hartford Life $5,000

	Monthly
Employee	$0.83
Retiree	$7.09

The Hartford Supplemental Life

Rates shown are per $1000 purchased

Age Band		Age Band	
Under 25	$0.067	50-54	$0.342
25-29	$0.057	55-59	$0.477
30-34	$0.071	60-64	$0.589
35-39	$0.107	65-69	$0.848
40-44	$0.152	70-74	$1.52
45-49	$0.232	75+	$4.426

The Hartford Supplemental Dependent Life

Rates shown are per $1000 purchased. Spouse premium based on employee age

Age Band		Age Band	
Under 25	$0.067	50-54	$0.342
25-29	$0.057	55-59	$0.477
30-34	$0.071	60-64	$0.589
35-39	$0.107	65-69	$0.848
40-44	$0.152	70-74	$1.52
45-49	$0.232	75+	$4.426
Children (under 26)	$1.00		

The Hartford Short Term Disability

Rates shown are per $10 weekly benefit amount

Age Band		Age Band	
Under 25	$0.463	50-54	$0.54
25-29	$0.37	55-59	$0..64
30-34	$0.85	60-64	$0..84
35-39	$0.54	65-69	$0.99
40-44	$0.54	70-74	$0.99
45-49	$0.54	75+	$0.99

The Hartford Long Term Disability

Rates shown are per $100 of covered salary

Age Band		Age Band	
Under 25	$0.105	50-54	$0.86
25-29	$0.088	55-59	$1.081
30-34	$0.157	60-64	$0.945
35-39	$0.263	65-69	$0.684
40-44	$0.571	70-74	$0.684
45-49	$0.667	75+	$0.684

The Hartford Accident Insurance (Low Plan)

	Monthly
Employee	$8.02
Employee+ Spouse	$12.66
Employee+ Child(ren)	$13.82
Family	$20.65

The Hartford Accident Insurance (High Plan)

	Monthly
Employee	$11.45
Employee+ Spouse	$18.04
Employee+ Child(ren)	$19.78
Family	$29.50