

Medical and Prescription (Monthly Rates)

Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$665.10	\$150.90	\$816.00	\$832.32	
Individual + Spouse/Domestic Partner	\$665.10	\$966.90	\$1632.00	\$1664.64	
Individual + Child(ren)	\$665.10	\$966.90	\$1632.00	\$1664.64	
Individual + Family	\$665.10	\$1619.90	\$2285.00	\$2330.70	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$739.00	\$68.00	\$807.00	\$823.14	
Individual + Spouse/Domestic Partner	\$739.00	\$875.00	\$1614.00	\$1646.28	
Individual + Child(ren)	\$739.00	\$875.00	\$1614.00	\$1646.28	
Individual + Family	\$739.00	\$1520.00	\$2259.00	\$2304.18	
1,700 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$739.00	\$0.00	\$739.00	\$753.78	\$0.00
Individual + Spouse/Domestic Partner	\$739.00	\$738.00	\$1477.00	\$1506.54	\$0.00
Individual + Child(ren)	\$739.00	\$738.00	\$1477.00	\$1506.54	\$0.00
Individual + Family	\$739.00	\$1330.00	\$2069.00	\$2110.38	\$0.00

Dental - Delta Dental (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$10.80	\$34.20	\$45.00	\$45.90
Individual + Spouse/Domestic Partner	\$10.80	\$82.20	\$93.00	\$94.86
Individual + Child(ren)	\$10.80	\$66.20	\$77.00	\$78.54
Individual + Family	\$10.80	\$107.20	\$118.00	\$120.36

Prepaid Dental - EMI Health (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$10.80	\$0.00	\$10.80	\$11.02
Individual + Spouse/Domestic Partner	\$10.80	\$10.80	\$21.60	\$22.03
Individual + Child(ren)	\$10.80	\$13.00	\$23.80	\$24.28
Individual + Family	\$10.80	\$16.20	\$27.00	\$27.54

Vision (Monthly Rates)

Vision	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$7.54	\$7.54	\$7.69
Individual + Spouse/Domestic Partner	\$0.00	\$15.07	\$15.07	\$15.37
Individual + Child(ren)	\$0.00	\$16.12	\$16.12	\$16.44
Individual + Family	\$0.00	\$25.77	\$25.77	\$26.29

Optional Notes:

*Employees have the option to contribute to a Health Savings Account (HSA) on a pre-tax basis. HSA funds can be used for qualified medical expenses. It is the responsibility of the **employee** to ensure they are eligible to contribute to an HSA per IRS requirements.

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.