

**Medical and Prescription (Monthly Rates)**

Core Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$614.00	\$74.00	\$688.00	\$701.76
Individual + Spouse/Domestic Partner	\$614.00	\$764.00	\$1378.00	\$1405.56
Individual + Child(ren)	\$614.00	\$764.00	\$1378.00	\$1405.56
Individual + Family	\$614.00	\$1317.00	\$1931.00	\$1969.62
Copay Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$614.00	\$0.00	\$614.00	\$626.28
Individual + Spouse/Domestic Partner	\$614.00	\$611.00	\$1225.00	\$1249.50
Individual + Child(ren)	\$614.00	\$611.00	\$1225.00	\$1249.50
Individual + Family	\$614.00	\$1103.00	\$1717.00	\$1751.34
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$584.00	\$0.00	\$584.00	\$595.68
Individual + Spouse/Domestic Partner	\$584.00	\$589.00	\$1173.00	\$1196.46
Individual + Child(ren)	\$584.00	\$589.00	\$1173.00	\$1196.46
Individual + Family	\$584.00	\$1057.00	\$1641.00	\$1673.82
1,650 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$541.00	\$0.00	\$541.00	\$551.82
Individual + Spouse/Domestic Partner	\$541.00	\$545.00	\$1086.00	\$1107.72
Individual + Child(ren)	\$541.00	\$545.00	\$1086.00	\$1107.72
Individual + Family	\$541.00	\$980.00	\$1521.00	\$1551.42
2,500 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$525.00	\$0.00	\$525.00	\$535.50
Individual + Spouse/Domestic Partner	\$525.00	\$521.00	\$1046.00	\$1066.92
Individual + Child(ren)	\$525.00	\$521.00	\$1046.00	\$1066.92
Individual + Family	\$525.00	\$940.00	\$1465.00	\$1494.30
5,000 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$509.00	\$0.00	\$509.00	\$519.18
Individual + Spouse/Domestic Partner	\$509.00	\$511.00	\$1020.00	\$1040.40
Individual + Child(ren)	\$509.00	\$511.00	\$1020.00	\$1040.40
Individual + Family	\$509.00	\$920.00	\$1429.00	\$1457.58

Employer HSA Contribution *
\$840.00
<b>\$70</b>
per month
\$840.00
\$840.00
\$840.00
Employer HSA Contribution *
\$1020.00
<b>\$85</b>
per month
\$1020.00
\$1020.00
\$1020.00
Employer HSA Contribution *
\$1200.00
<b>\$100</b>
per month
\$1200.00
\$1200.00
\$1200.00

**Dental - Delta Dental (Monthly Rates)**

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$44.00	\$44.00	\$44.88
Individual + Spouse/Domestic Partner	\$0.00	\$91.00	\$91.00	\$92.82
Individual + Child(ren)	\$0.00	\$75.00	\$75.00	\$76.50
Individual + Family	\$0.00	\$116.00	\$116.00	\$118.32

**Prepaid Dental - TDA (Monthly Rates)**

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

\*The amount shown above is your annual employer HSA contribution.

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

BENEFIT	PROVIDER
Worksite Benefits (Hospital Indemnity)	MetLife

Monthly Rates	
Employee:	\$14.60
Employee + Spouse:	\$26.96
Employee + Child(ren):	\$22.76
Family:	\$35.12

BENEFIT	PROVIDER
Worksite Benefits (Critical Illness)	MetLife

Monthly Premium for \$1,000 of Coverage				
Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children
<25	\$0.20	\$0.34	\$0.20	\$0.34
25-29	\$0.21	\$0.37	\$0.21	\$0.37
30-34	\$0.30	\$0.51	\$0.30	\$0.51
35-39	\$0.42	\$0.71	\$0.42	\$0.71
40-44	\$0.64	\$1.06	\$0.64	\$1.06
45-49	\$0.95	\$1.58	\$0.95	\$1.58
50-54	\$1.35	\$2.27	\$1.35	\$2.27
55-59	\$1.87	\$3.17	\$1.87	\$3.17
60-64	\$2.69	\$4.60	\$2.69	\$4.60
65-69	\$4.03	\$6.90	\$4.03	\$6.90
70+	\$6.25	\$10.46	\$6.25	\$10.46



Active Full-Time

BENEFIT		PROVIDER
Worksite Benefits (Accident)		MetLife
Monthly Rates		
Employee:	\$12.48	
Employee + Spouse:	\$25.34	
Employee + Child(ren):	\$25.81	
Family:	\$32.31	

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.