

**Medical and Prescription (Monthly Rates)**

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1228.00	\$150.00	\$1378.00	\$1405.56	
Individual + Family	\$1228.00	\$703.00	\$1931.00	\$1969.62	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1225.00	\$0.00	\$1225.00	\$1249.50	
Individual + Family	\$1225.00	\$492.00	\$1717.00	\$1751.34	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1173.00	\$0.00	\$1173.00	\$1196.46	
Individual + Family	\$1173.00	\$468.00	\$1641.00	\$1673.82	
1,650 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$1086.00	\$0.00	\$1086.00	\$1107.72	\$1680.00
Individual + Family	\$1086.00	\$435.00	\$1521.00	\$1551.42	\$1680.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$1046.00	\$0.00	\$1046.00	\$1066.92	\$2040.00
Individual + Family	\$1046.00	\$419.00	\$1465.00	\$1494.30	\$2040.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$1020.00	\$0.00	\$1020.00	\$1040.40	\$2400.00
Individual + Family	\$1020.00	\$409.00	\$1429.00	\$1457.58	\$2400.00

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

Dental	Employer Pays	You Pay	Total	COBRA
Individual + Spouse/Domestic Partner	\$0.00	\$91.00	\$91.00	\$92.82
Individual + Family	\$0.00	\$116.00	\$116.00	\$118.32

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

Dental	Employer Pays	You Pay	Total	COBRA
Individual + Spouse/Domestic Partner	\$0.00	\$20.80	\$20.80	\$21.22
Individual + Family	\$0.00	\$26.00	\$26.00	\$26.52

**Vision (Monthly Rates)**

Vision	Employer Pays	You Pay	Total	COBRA
Individual + Spouse/Domestic Partner	\$0.00	\$14.39	\$14.39	\$14.68
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

Cost Per \$50,000

Employer paid

\$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 + Spouse:	\$26.96
Family:	\$35.12

BENEFIT	PROVIDER
Worksite Benefits (Critical Illness)	MetLife

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

BENEFIT	PROVIDER
Worksite Benefits (Accident)	MetLife

Monthly Rates	
Employee + Spouse:	\$25.34
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.