

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Family	\$1116.00	\$639.00	\$1755.00	\$1790.10	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Family	\$1116.00	\$445.00	\$1561.00	\$1592.22	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Family	\$1062.00	\$430.00	\$1492.00	\$1521.84	
1,600 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Family	\$984.00	\$399.00	\$1383.00	\$1410.66	\$780.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Family	\$954.00	\$378.00	\$1332.00	\$1358.64	\$960.00

Dental - Delta Dental (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual + Family	\$0.00	\$113.00	\$113.00	\$115.26

Prepaid Dental - TDA (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual + Family	\$0.00	\$26.00	\$26.00	\$26.52

Vision (Monthly Rates)

Vision	Employer Pays	You Pay	Total	COBRA
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 \$5.20

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	
Prepaid Legal Program		MetLife (Hyatt Legal)	
Monthly Rates			
High Plan	\$14.50	Covers employees looking for more robust coverage	
Low Plan	\$7.00	Covers employees looking for a lower cost alternative	

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



Osborn Elementary School District No. 8
 Effective July 1, 2024 through June 30, 2025

Dual Spouse

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

BENEFIT	PROVIDER
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Worksite Benefits (Accident)	MetLife
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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.