

Osborn Elementary School District No. 8 Effective July 1, 2023 through June 30, 2024

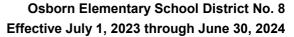
Dual Spouse

Medical and I	Prescription (Mont	hly Rates)			
Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1062.00	\$131.00	\$1193.00	\$1216.86	
Individual + Family	\$1062.00	\$609.00	\$1671.00	\$1704.42	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1061.00	\$0.00	\$1061.00	\$1082.22	
Individual + Family	\$1062.00	\$425.00	\$1487.00	\$1516.74	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1015.00	\$0.00	\$1015.00	\$1035.30	
Individual + Family	\$1012.00	\$409.00	\$1421.00	\$1449.42	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$940.00	\$0.00	\$940.00	\$958.80	\$1440.0
Individual + Family	\$938.00	\$379.00	\$1317.00	\$1343.34	\$1440.0
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$906.00	\$0.00	\$906.00	\$924.12	\$1800.0
Individual + Family	\$908.00	\$361.00	\$1269.00	\$1294.38	\$1800.0
Dental - De	lta Dental (Monthly	(Rates)			
Dental	Employer Pays	You Pay	Total	COBRA	
Individual	\$0.00	\$42.00	\$42.00	\$42.84	
Individual + Spouse/Domestic Partner	\$0.00	\$85.00	\$85.00	\$86.70	
Individual + Child(ren)	\$0.00	\$71.00	\$71.00	\$72.42	
Individual + Family	\$0.00	\$110.00	\$110.00	\$112.20	
Prepaid De	ntal - TDA (Monthi	y Rates)			
Dental	Employer Pays	You Pay	Total	COBRA	
Individual	\$0.00	\$10.00	\$10.00	\$10.20	
Individual + Spouse/Domestic Partner	\$0.00	\$20.00	\$20.00	\$20.40	
Individual + Child(ren)	\$0.00	\$22.00	\$22.00	\$22.44	
Individual + Family	\$0.00	\$25.00	\$25.00	\$25.50	
	on (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:

See attached for all other ancillary products.

^{*}The amount shown above is your annual employer HSA contribution.







65+

\$0.919

Ancillary Rates

BENEFIT	BENEFIT		PROVIDER						
Basic Life (Includes A	AD&D)	MetLife							
Monthly Rates									
			Cost Per \$50,000						
Employer paid			\$5.20						
BENEFIT		PROVIDER							
Supplemental Life (In	cludes 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 Disablity		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								



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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 (Critic	cal Illness)	MetLife							
Monthly Premium for \$1,000 of Coverage									
Age	Employee Only	Employee + Spouse	Employee + Children	Employee +					
<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					
BENEFIT		PROVIDER							
Worksite Benefits (Accid	dent)	MetLife							
		Monthly Rates							
Employee:	\$12.48								
Employee + Spouse:	\$25.34								
Employee + Child(ren):	\$25.81								
Family:	\$32.31								

 $Upon\ selection,\ a\ more\ comprehensive\ overview\ of\ the\ benefits\ will\ be\ provided.\ If\ you\ have\ any\ questions,\ please$