

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$855.00	\$104.00	\$959.00	\$978.18	
Individual + Spouse/Domestic Partner	\$855.00	\$1049.00	\$1904.00	\$1942.08	
Individual + Child(ren)	\$855.00	\$955.00	\$1810.00	\$1846.20	
Individual + Family	\$855.00	\$2002.00	\$2857.00	\$2914.14	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$855.00	\$0.00	\$855.00	\$872.10	
Individual + Spouse/Domestic Partner	\$855.00	\$844.00	\$1699.00	\$1732.98	
Individual + Child(ren)	\$855.00	\$760.00	\$1615.00	\$1647.30	
Individual + Family	\$855.00	\$1695.00	\$2550.00	\$2601.00	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$787.00	\$0.00	\$787.00	\$802.74	
Individual + Spouse/Domestic Partner	\$855.00	\$709.00	\$1564.00	\$1595.28	
Individual + Child(ren)	\$855.00	\$632.00	\$1487.00	\$1516.74	
Individual + Family	\$855.00	\$1492.00	\$2347.00	\$2393.94	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$756.00	\$0.00	\$756.00	\$771.12	\$99.00
Individual + Spouse/Domestic Partner	\$855.00	\$649.00	\$1504.00	\$1534.08	\$0.00
Individual + Child(ren)	\$855.00	\$574.00	\$1429.00	\$1457.58	\$0.00
Individual + Family	\$855.00	\$1401.00	\$2256.00	\$2301.12	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$730.00	\$0.00	\$730.00	\$744.60	\$125.00
Individual + Spouse/Domestic Partner	\$855.00	\$597.00	\$1452.00	\$1481.04	\$0.00
Individual + Child(ren)	\$855.00	\$525.00	\$1380.00	\$1407.60	\$0.00
Individual + Family	\$855.00	\$1324.00	\$2179.00	\$2222.58	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$611.00	\$0.00	\$611.00	\$623.22	\$244.00
Individual + Spouse/Domestic Partner	\$855.00	\$363.00	\$1218.00	\$1242.36	\$0.00
Individual + Child(ren)	\$855.00	\$303.00	\$1158.00	\$1181.16	\$0.00
Individual + Family	\$855.00	\$972.00	\$1827.00	\$1863.54	\$0.00

Dental - Delta 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

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

*The amount shown above is your monthly 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	
66 2/3% up to \$1,500 weekly benefit; 14 day waiting period		

BENEFIT		PROVIDER
Prepaid Legal Program		MetLife (Hyatt Legal)
Monthly Rates		
High Plan	\$15.00	Covers employees looking for more robust coverage
Low Plan	\$7.50	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
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 (Accident)		MetLife		
Monthly Rates				
Employee:	\$12.48			
Employee + Spouse:	\$25.34			
Employee + Child(ren):	\$25.81			
Family:	\$32.31			
BENEFIT		PROVIDER		
Pet Insurance		Nationwide		
Monthly Rates				
70% Reimbursement:	\$27-\$47			
50% Reimbursement:	\$20-\$35			
BENEFIT		PROVIDER		
Identity Theft		Identity Guard with Watson		
Monthly Rates				
	Total Plan	Premier Plan	Ultimate Plan	
Employee Only:	\$7.90	\$9.85	\$10.85	
Employee & Family:	\$13.90	\$17.85	\$19.85	

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.