

**Medical and Prescription (Monthly Rates)**

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$915.00	\$111.00	\$1026.00	\$1046.52	
Individual + Spouse/Domestic Partner	\$915.00	\$1122.00	\$2037.00	\$2077.74	
Individual + Child(ren)	\$915.00	\$1022.00	\$1937.00	\$1975.74	
Individual + Family	\$915.00	\$2142.00	\$3057.00	\$3118.14	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$915.00	\$0.00	\$915.00	\$933.30	
Individual + Spouse/Domestic Partner	\$915.00	\$903.00	\$1818.00	\$1854.36	
Individual + Child(ren)	\$915.00	\$813.00	\$1728.00	\$1762.56	
Individual + Family	\$915.00	\$1814.00	\$2729.00	\$2783.58	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$842.00	\$0.00	\$842.00	\$858.84	
Individual + Spouse/Domestic Partner	\$915.00	\$758.00	\$1673.00	\$1706.46	
Individual + Child(ren)	\$915.00	\$676.00	\$1591.00	\$1622.82	
Individual + Family	\$915.00	\$1596.00	\$2511.00	\$2561.22	
1,600 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$809.00	\$0.00	\$809.00	\$825.18	\$106.00
Individual + Spouse/Domestic Partner	\$915.00	\$694.00	\$1609.00	\$1641.18	\$0.00
Individual + Child(ren)	\$915.00	\$614.00	\$1529.00	\$1559.58	\$0.00
Individual + Family	\$915.00	\$1499.00	\$2414.00	\$2462.28	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$781.00	\$0.00	\$781.00	\$796.62	\$134.00
Individual + Spouse/Domestic Partner	\$915.00	\$639.00	\$1554.00	\$1585.08	\$0.00
Individual + Child(ren)	\$915.00	\$562.00	\$1477.00	\$1506.54	\$0.00
Individual + Family	\$915.00	\$1417.00	\$2332.00	\$2378.64	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$654.00	\$0.00	\$654.00	\$667.08	\$261.00
Individual + Spouse/Domestic Partner	\$915.00	\$388.00	\$1303.00	\$1329.06	\$0.00
Individual + Child(ren)	\$915.00	\$324.00	\$1239.00	\$1263.78	\$0.00
Individual + Family	\$915.00	\$1040.00	\$1955.00	\$1994.10	\$0.00

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

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$43.00	\$43.00	\$43.86
Individual + Spouse/Domestic Partner	\$0.00	\$88.00	\$88.00	\$89.76
Individual + Child(ren)	\$0.00	\$73.00	\$73.00	\$74.46
Individual + Family	\$0.00	\$113.00	\$113.00	\$115.26

**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 monthly employer HSA contribution.

See attached for all other ancillary products.

**Ancillary Rates**

BENEFIT		PROVIDER
Basic Life (Includes AD&D)		MetLife
<b>Monthly Rates</b>		
Employer paid		Cost Per \$50,000 \$5.20

BENEFIT		PROVIDER	
Supplemental Life (Includes AD&D)		MetLife	
<b>Monthly Rates</b>			
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	
<b>Monthly Rates</b>			
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)
<b>Monthly Rates</b>		
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
<b>Monthly Rates</b>		
Employee:	\$14.60	
Employee + Spouse:	\$26.96	
Employee + Child(ren):	\$22.76	
Family:	\$35.12	

BENEFIT		PROVIDER		
<b>Worksite Benefits (Critical Illness)</b>		<b>MetLife</b>		
<b>Monthly Premium for \$1,000 of Coverage</b>				
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		
<b>Worksite Benefits (Accident)</b>		<b>MetLife</b>		
<b>Monthly Rates</b>				
Employee:	\$12.48			
Employee + Spouse:	\$25.34			
Employee + Child(ren):	\$25.81			
Family:	\$32.31			
BENEFIT		PROVIDER		
<b>Pet Insurance</b>		<b>Nationwide</b>		
<b>Monthly Rates</b>				
Covered animals include	dogs, cats, birds, reptiles,	and other exotic pets.	Prices vary by age,	breed, and location.
BENEFIT		PROVIDER		
<b>Identity Theft</b>		<b>Identity Guard with Watson</b>		
<b>Monthly Rates</b>				
	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.