

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$457.50	\$568.50	\$1026.00	\$1046.52
Individual + Spouse/Domestic Partner	\$457.50	\$1579.50	\$2037.00	\$2077.74
Individual + Child(ren)	\$457.50	\$1479.50	\$1937.00	\$1975.74
Individual + Family	\$457.50	\$2599.50	\$3057.00	\$3118.14
Copay Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$457.50	\$457.50	\$915.00	\$933.30
Individual + Spouse/Domestic Partner	\$457.50	\$1360.50	\$1818.00	\$1854.36
Individual + Child(ren)	\$457.50	\$1270.50	\$1728.00	\$1762.56
Individual + Family	\$457.50	\$2271.50	\$2729.00	\$2783.58
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$421.00	\$421.00	\$842.00	\$858.84
Individual + Spouse/Domestic Partner	\$457.50	\$1215.50	\$1673.00	\$1706.46
Individual + Child(ren)	\$457.50	\$1133.50	\$1591.00	\$1622.82
Individual + Family	\$457.50	\$2053.50	\$2511.00	\$2561.22
1,600 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$404.50	\$404.50	\$809.00	\$825.18
Individual + Spouse/Domestic Partner	\$457.50	\$1151.50	\$1609.00	\$1641.18
Individual + Child(ren)	\$457.50	\$1071.50	\$1529.00	\$1559.58
Individual + Family	\$457.50	\$1956.50	\$2414.00	\$2462.28
2,500 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$390.50	\$390.50	\$781.00	\$796.62
Individual + Spouse/Domestic Partner	\$457.50	\$1096.50	\$1554.00	\$1585.08
Individual + Child(ren)	\$457.50	\$1019.50	\$1477.00	\$1506.54
Individual + Family	\$457.50	\$1874.50	\$2332.00	\$2378.64
5,000 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$327.00	\$327.00	\$654.00	\$667.08
Individual + Spouse/Domestic Partner	\$457.50	\$845.50	\$1303.00	\$1329.06
Individual + Child(ren)	\$457.50	\$781.50	\$1239.00	\$1263.78
Individual + Family	\$457.50	\$1497.50	\$1955.00	\$1994.10

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:

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