

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$427.50	\$531.50	\$959.00	\$978.18	
Individual + Spouse/Domestic Partner	\$427.50	\$1476.50	\$1904.00	\$1942.08	
Individual + Child(ren)	\$427.50	\$1382.50	\$1810.00	\$1846.20	
Individual + Family	\$427.50	\$2429.50	\$2857.00	\$2914.14	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$427.50	\$427.50	\$855.00	\$872.10	
Individual + Spouse/Domestic Partner	\$427.50	\$1271.50	\$1699.00	\$1732.98	
Individual + Child(ren)	\$427.50	\$1187.50	\$1615.00	\$1647.30	
Individual + Family	\$427.50	\$2122.50	\$2550.00	\$2601.00	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$394.00	\$393.00	\$787.00	\$802.74	
Individual + Spouse/Domestic Partner	\$427.50	\$1136.50	\$1564.00	\$1595.28	
Individual + Child(ren)	\$427.50	\$1059.50	\$1487.00	\$1516.74	
Individual + Family	\$427.50	\$1919.50	\$2347.00	\$2393.94	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$378.00	\$378.00	\$756.00	\$771.12	\$49.50
Individual + Spouse/Domestic Partner	\$427.50	\$1076.50	\$1504.00	\$1534.08	\$0.00
Individual + Child(ren)	\$427.50	\$1001.50	\$1429.00	\$1457.58	\$0.00
Individual + Family	\$427.50	\$1828.50	\$2256.00	\$2301.12	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$365.00	\$365.00	\$730.00	\$744.60	\$62.50
Individual + Spouse/Domestic Partner	\$427.50	\$1024.50	\$1452.00	\$1481.04	\$0.00
Individual + Child(ren)	\$427.50	\$952.50	\$1380.00	\$1407.60	\$0.00
Individual + Family	\$427.50	\$1751.50	\$2179.00	\$2222.58	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$305.50	\$305.50	\$611.00	\$623.22	\$122.00
Individual + Spouse/Domestic Partner	\$427.50	\$790.50	\$1218.00	\$1242.36	\$0.00
Individual + Child(ren)	\$427.50	\$730.50	\$1158.00	\$1181.16	\$0.00
Individual + Family	\$427.50	\$1399.50	\$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