

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$733.00	\$31.00	\$764.00	\$779.28	
Individual + Spouse/Domestic Partner	\$733.00	\$785.00	\$1518.00	\$1548.36	
Individual + Child(ren)	\$827.00	\$616.00	\$1443.00	\$1471.86	
Individual + Family	\$898.00	\$1380.00	\$2278.00	\$2323.56	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$733.00	\$0.00	\$733.00	\$747.66	
Individual + Spouse/Domestic Partner	\$733.00	\$724.00	\$1457.00	\$1486.14	
Individual + Child(ren)	\$827.00	\$558.00	\$1385.00	\$1412.70	
Individual + Family	\$898.00	\$1288.00	\$2186.00	\$2229.72	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$649.00	\$0.00	\$649.00	\$661.98	\$84.00
Individual + Spouse/Domestic Partner	\$733.00	\$557.00	\$1290.00	\$1315.80	\$0.00
Individual + Child(ren)	\$784.00	\$441.00	\$1225.00	\$1249.50	\$0.00
Individual + Family	\$857.00	\$1078.00	\$1935.00	\$1973.70	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$626.00	\$0.00	\$626.00	\$638.52	\$107.00
Individual + Spouse/Domestic Partner	\$733.00	\$512.00	\$1245.00	\$1269.90	\$0.00
Individual + Child(ren)	\$808.00	\$375.00	\$1183.00	\$1206.66	\$0.00
Individual + Family	\$872.00	\$996.00	\$1868.00	\$1905.36	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$534.00	\$0.00	\$534.00	\$544.68	\$199.00
Individual + Spouse/Domestic Partner	\$733.00	\$331.00	\$1064.00	\$1085.28	\$0.00
Individual + Child(ren)	\$752.00	\$259.00	\$1011.00	\$1031.22	\$0.00
Individual + Family	\$812.00	\$784.00	\$1596.00	\$1627.92	\$0.00

Dental - Delta Dental (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$41.00	\$41.00	\$41.82
Individual + Spouse/Domestic Partner	\$0.00	\$83.00	\$83.00	\$84.66
Individual + Child(ren)	\$0.00	\$69.00	\$69.00	\$70.38
Individual + Family	\$0.00	\$107.00	\$107.00	\$109.14

Vision (Monthly Rates)

Vision	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$7.58	\$7.58	\$7.73
Individual + Spouse/Domestic Partner	\$0.00	\$15.16	\$15.16	\$15.46
Individual + Child(ren)	\$0.00	\$16.22	\$16.22	\$16.54
Individual + Family	\$0.00	\$25.92	\$25.92	\$26.44

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
Monthly Rates		
Cost per \$1,000		Cost Per \$50,000
\$0.113		\$5.65

BENEFIT		PROVIDER
Supplemental Life		MetLife
Monthly Rates		
Age	Cost per \$1,000	Age
Under age 30	\$0.052	50-54
30-34	\$0.071	55-59
35-39	\$0.080	60-64
40-44	\$0.089	65-69
45-49	\$0.136	70+
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	

60% up to \$1,000 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	\$0.37	\$0.51
25-29	\$0.21	\$0.37	\$0.38	\$0.54
30-34	\$0.30	\$0.51	\$0.47	\$0.67
35-39	\$0.42	\$0.71	\$0.59	\$0.88
40-44	\$0.64	\$1.06	\$0.80	\$1.23
45-49	\$0.95	\$1.58	\$1.12	\$1.75
50-54	\$1.35	\$2.27	\$1.52	\$2.43
55-59	\$1.87	\$3.17	\$2.04	\$3.34
60-64	\$2.69	\$4.60	\$2.85	\$4.77
65-69	\$4.03	\$6.90	\$4.20	\$7.07
70+	\$6.25	\$10.46	\$6.42	\$10.63
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				
Dog	With Wellness	Without Wellness		
90% Reimbursement:	\$71.44	\$42.73		
70% Reimbursement:	\$57.15	\$34.19		
50% Reimbursement:	\$42.86	\$25.64		
Cat	With Wellness	Without Wellness		
90% Reimbursement:	\$42.86	\$25.64		
70% Reimbursement:	\$34.29	\$20.51		
50% Reimbursement:	\$25.72	\$15.38		
*Estimated rates, pending Department of Insurance approval. Subject to change.				
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.