

Medical and Prescription (Monthly Rates)

Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1418.00	\$0.00	\$1418.00	\$1446.36	
Individual + Family	\$1490.00	\$344.00	\$1834.00	\$1870.68	
1,600 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$1129.00	\$0.00	\$1129.00	\$1151.58	\$361.00
Individual + Family	\$1463.00	\$0.00	\$1463.00	\$1492.26	\$27.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$806.00	\$0.00	\$806.00	\$822.12	\$684.00
Individual + Family	\$1041.00	\$0.00	\$1041.00	\$1061.82	\$449.00

Optional Notes:

None

*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	
Prepaid Legal Program		MetLife (Hyatt Legal)	
Monthly Rates			
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	
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				
Covered animals include	dogs, cats, birds, reptiles,	and other exotic pets.	Prices vary by age,	breed, and location.
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.