

Medical and Prescription (Monthly Rates)

Copay Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$423.00	\$322.00	\$745.00	\$759.90
Individual + Spouse/Domestic Partner	\$423.00	\$995.00	\$1418.00	\$1446.36
Individual + Child(ren)	\$423.00	\$844.00	\$1267.00	\$1292.34
Individual + Family	\$423.00	\$1411.00	\$1834.00	\$1870.68
1,600 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$423.00	\$173.00	\$596.00	\$607.92
Individual + Spouse/Domestic Partner	\$423.00	\$706.00	\$1129.00	\$1151.58
Individual + Child(ren)	\$423.00	\$587.00	\$1010.00	\$1030.20
Individual + Family	\$423.00	\$1040.00	\$1463.00	\$1492.26
5,000 HDHP	Employer Pays	You Pay	Total	COBRA
Individual	\$423.00	\$0.00	\$423.00	\$431.46
Individual + Spouse/Domestic Partner	\$423.00	\$383.00	\$806.00	\$822.12
Individual + Child(ren)	\$423.00	\$295.00	\$718.00	\$732.36
Individual + Family	\$423.00	\$618.00	\$1041.00	\$1061.82

Optional Notes:

See attached for all other ancillary products.



Ancillary Rates

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