

**Medical and Prescription (Monthly Rates)**

<b>Copay Plan</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$278.50	\$417.50	\$696.00	\$709.92
Individual + Spouse/Domestic Partner	\$278.50	\$1046.50	\$1325.00	\$1351.50
Individual + Child(ren)	\$278.50	\$905.50	\$1184.00	\$1207.68
Individual + Family	\$278.50	\$1435.50	\$1714.00	\$1748.28
<b>1,500 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$278.50	\$278.50	\$557.00	\$568.14
Individual + Spouse/Domestic Partner	\$278.50	\$776.50	\$1055.00	\$1076.10
Individual + Child(ren)	\$278.50	\$665.50	\$944.00	\$962.88
Individual + Family	\$278.50	\$1088.50	\$1367.00	\$1394.34
<b>5,000 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$278.50	\$116.50	\$395.00	\$402.90
Individual + Spouse/Domestic Partner	\$278.50	\$474.50	\$753.00	\$768.06
Individual + Child(ren)	\$278.50	\$392.50	\$671.00	\$684.42
Individual + Family	\$278.50	\$694.50	\$973.00	\$992.46

*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