

**Medical and Prescription (Monthly Rates)**

<b>Copay Plan</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$262.50	\$394.50	\$657.00	\$670.14
Individual + Spouse/Domestic Partner	\$262.50	\$987.50	\$1250.00	\$1275.00
Individual + Child(ren)	\$262.50	\$854.50	\$1117.00	\$1139.34
Individual + Family	\$262.50	\$1354.50	\$1617.00	\$1649.34
<b>1,500 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$262.50	\$262.50	\$525.00	\$535.50
Individual + Spouse/Domestic Partner	\$262.50	\$732.50	\$995.00	\$1014.90
Individual + Child(ren)	\$262.50	\$628.50	\$891.00	\$908.82
Individual + Family	\$262.50	\$1027.50	\$1290.00	\$1315.80
<b>5,000 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>
Individual	\$262.50	\$110.50	\$373.00	\$380.46
Individual + Spouse/Domestic Partner	\$262.50	\$447.50	\$710.00	\$724.20
Individual + Child(ren)	\$262.50	\$370.50	\$633.00	\$645.66
Individual + Family	\$262.50	\$655.50	\$918.00	\$936.36

**Optional Notes:**

None

*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	