

**Medical and Prescription (Monthly Rates)**

<b>Copay Plan</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>	
Individual	\$657.00	\$0.00	\$657.00	\$670.14	
Individual + Spouse/Domestic Partner	\$657.00	\$593.00	\$1250.00	\$1275.00	
Individual + Child(ren)	\$657.00	\$460.00	\$1117.00	\$1139.34	
Individual + Family	\$657.00	\$960.00	\$1617.00	\$1649.34	
<b>1,500 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>	<b>Employer HSA Contribution *</b>
Individual	\$525.00	\$0.00	\$525.00	\$535.50	\$1584.00
Individual + Spouse/Domestic Partner	\$657.00	\$338.00	\$995.00	\$1014.90	\$0.00
Individual + Child(ren)	\$657.00	\$234.00	\$891.00	\$908.82	\$0.00
Individual + Family	\$657.00	\$633.00	\$1290.00	\$1315.80	\$0.00
<b>5,000 HDHP</b>	<b>Employer Pays</b>	<b>You Pay</b>	<b>Total</b>	<b>COBRA</b>	<b>Employer HSA Contribution *</b>
Individual	\$373.00	\$0.00	\$373.00	\$380.46	\$3408.00
Individual + Spouse/Domestic Partner	\$657.00	\$53.00	\$710.00	\$724.20	\$0.00
Individual + Child(ren)	\$657.00	\$0.00	\$633.00	\$645.66	\$288.00
Individual + Family	\$657.00	\$261.00	\$918.00	\$936.36	\$0.00

**Optional Notes:**

None

\*The amount shown above is your annual employer HSA contribution.

See attached for all other ancillary products.

**Ancillary Rates**

BENEFIT		PROVIDER
<b>Basic Life (Includes AD&amp;D)</b>		<b>MetLife</b>
<b>Monthly Rates</b>		
Cost per \$1,000		Cost Per \$50,000
\$0.113		\$5.65

BENEFIT		PROVIDER
<b>Supplemental Life (Includes AD&amp;D)</b>		<b>MetLife</b>
<b>Monthly Rates</b>		
Age	Cost per \$1,000	Age
Under age 30	\$0.067	50-54
30-34	\$0.086	55-59
35-39	\$0.095	60-64
40-44	\$0.119	65-69
45-49	\$0.151	70+
Child	\$0.152	

BENEFIT		PROVIDER
<b>Prepaid Legal Program</b>		<b>MetLife (Hyatt Legal)</b>
<b>Monthly Rates</b>		
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
<b>Worksite Benefits (Hospital Indemnity)</b>		<b>MetLife</b>
<b>Monthly Rates</b>		
Employee:	\$14.60	
Employee + Spouse:	\$26.96	
Employee + Child(ren):	\$22.76	
Family:	\$35.12	

BENEFIT		PROVIDER		
<b>Worksite Benefits (Critical Illness)</b>		<b>MetLife</b>		
<b>Monthly Premium for \$1,000 of Coverage</b>				
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		
<b>Worksite Benefits (Accident)</b>		<b>MetLife</b>		
<b>Monthly Rates</b>				
Employee:	\$12.48			
Employee + Spouse:	\$25.34			
Employee + Child(ren):	\$25.81			
Family:	\$32.31			
BENEFIT		PROVIDER		
<b>Pet Insurance</b>		<b>Nationwide</b>		
<b>Monthly Rates</b>				
70% Reimbursement:	\$27-\$47			
50% Reimbursement:	\$20-\$35			
BENEFIT		PROVIDER		
<b>Identity Theft</b>		<b>Identity Guard with Watson</b>		
<b>Monthly Rates</b>				
	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.