

**Medical and Prescription (Monthly Rates)**

Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$696.00	\$0.00	\$696.00	\$709.92	
Individual + Spouse/Domestic Partner	\$696.00	\$629.00	\$1325.00	\$1351.50	
Individual + Child(ren)	\$696.00	\$488.00	\$1184.00	\$1207.68	
Individual + Family	\$696.00	\$1018.00	\$1714.00	\$1748.28	
<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	\$557.00	\$0.00	\$557.00	\$568.14	\$139.00
Individual + Spouse/Domestic Partner	\$696.00	\$359.00	\$1055.00	\$1076.10	\$0.00
Individual + Child(ren)	\$696.00	\$248.00	\$944.00	\$962.88	\$0.00
Individual + Family	\$696.00	\$671.00	\$1367.00	\$1394.34	\$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	\$395.00	\$0.00	\$395.00	\$402.90	\$301.00
Individual + Spouse/Domestic Partner	\$696.00	\$57.00	\$753.00	\$768.06	\$0.00
Individual + Child(ren)	\$671.00	\$0.00	\$671.00	\$684.42	\$25.00
Individual + Family	\$696.00	\$277.00	\$973.00	\$992.46	\$0.00

**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	
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			
70% Reimbursement:	\$27-\$47		
50% Reimbursement:	\$20-\$35		
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.