

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$626.00	\$32.00	\$658.00	\$671.16	
Individual + Spouse/Domestic Partner	\$626.00	\$626.00	\$1252.00	\$1277.04	
Individual + Child(ren)	\$626.00	\$493.00	\$1119.00	\$1141.38	
Individual + Family	\$626.00	\$994.00	\$1620.00	\$1652.40	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$626.00	\$0.00	\$626.00	\$638.52	
Individual + Spouse/Domestic Partner	\$626.00	\$564.00	\$1190.00	\$1213.80	
Individual + Child(ren)	\$626.00	\$438.00	\$1064.00	\$1085.28	
Individual + Family	\$626.00	\$914.00	\$1540.00	\$1570.80	
1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$500.00	\$0.00	\$500.00	\$510.00	\$75.60
Individual + Spouse/Domestic Partner	\$626.00	\$322.00	\$948.00	\$966.96	\$0.00
Individual + Child(ren)	\$626.00	\$223.00	\$849.00	\$865.98	\$0.00
Individual + Family	\$626.00	\$603.00	\$1229.00	\$1253.58	\$0.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$463.00	\$0.00	\$463.00	\$472.26	\$97.80
Individual + Spouse/Domestic Partner	\$626.00	\$253.00	\$879.00	\$896.58	\$0.00
Individual + Child(ren)	\$626.00	\$160.00	\$786.00	\$801.72	\$0.00
Individual + Family	\$626.00	\$513.00	\$1139.00	\$1161.78	\$0.00
5,000 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$362.00	\$0.00	\$362.00	\$369.24	\$158.40
Individual + Spouse/Domestic Partner	\$626.00	\$63.00	\$689.00	\$702.78	\$0.00
Individual + Child(ren)	\$615.00	\$0.00	\$615.00	\$627.30	\$6.60
Individual + Family	\$626.00	\$265.00	\$891.00	\$908.82	\$0.00

Optional Notes:
None

*The amount shown above is your **Per Pay Period** employer HSA contribution.

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

BENEFIT		PROVIDER
Supplemental Life		MetLife
Monthly Rates		
Age	Cost per \$1,000	Age
Under age 30	\$0.052	50-54
30-34	\$0.071	55-59
35-39	\$0.080	60-64
40-44	\$0.089	65-69
45-49	\$0.136	70+
Child	\$0.152	

BENEFIT		PROVIDER
Prepaid Legal Program		MetLife (Hyatt Legal)
Monthly Rates		
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
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	\$0.37	\$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		
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				
Dog	With Wellness	Without Wellness		
90% Reimbursement:	\$71.44	\$42.73		
70% Reimbursement:	\$57.15	\$34.19		
50% Reimbursement:	\$42.86	\$25.64		
Cat	With Wellness	Without Wellness		
90% Reimbursement:	\$42.86	\$25.64		
70% Reimbursement:	\$34.29	\$20.51		
50% Reimbursement:	\$25.72	\$15.38		
*Estimated rates, pending Department of Insurance approval. Subject to change.				
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.