2023 Rates

MINES

Full Time YOUR Health Insurance TOTAL COST -Anthem Blue Cross and Blue Shield MONTHLY COST BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan **Employee Only** \$724.00 \$0.00 Employee + Spouse \$1,737.00 \$0.00 Employee + Child(ren) \$1,593.00 \$0.00 Employee + Family \$1,997.00 \$0.00 2500 HDHP Plan **Employee Only** \$605.00 \$0.00 Employee + Spouse \$1,453.00 \$0.00 \$0.00 Employee + Child(ren) \$1,332.00 \$1,670.00 **Employee + Family** \$0.00

Health Savings Account		
Savings Account	\$1.35	\$1.35

Anthem Dental Essential Choice PPO		
Employee Only	\$40.12	\$0.00
Employee + Spouse	\$90.73	\$0.00
Employee + Child(ren)	\$86.92	\$0.00
Employee + Family	\$104.11	\$0.00

Vision Insurance Anthem Blue Cross and Blue Shield		
Blue View Voluntary Vision Plan		
Employee Only	\$7.89	\$7.89
Employee + Spouse	\$14.79	\$14.79
Employee + Child(ren)	\$14.79	\$14.79
Employee + Family	\$21.48	\$21.48

Group Long Term Disability Sun Life (Paid to a maximum salary of \$10,500 per month)Active Employees\$0.240/\$100\$0.00Exhible Benefit Plan Administrative Fee ZatiourfiexOne or Both Spending Accounts\$3.50\$0.00Voluntary Term Life Insurance (Employee and/or Spouse) Sun Life (per \$1,000 of coverage)Attained AgeUnit-Smoker 425 425 \$0.042 25.29 \$0.042 30.34 \$0.033 35.39 \$0.063 35.39 \$0.063 40.44 \$0.076 40.44 \$0.076 45.49 \$1.610 45.49 \$0.135\$5.59\$3.230 50.54 \$0.213\$5.59\$3.230 50.54 \$0.213\$5.59\$3.230 50.54 \$0.213\$5.59\$3.230 50.54 \$0.212 70.74 \$5.463 70.74 \$1.463\$75.9\$3.230 70.74 \$5.400\$5.59\$3.230 80.848 \$4.168\$5.90\$7.325Child Term LifeSun Ufe (per \$1,000 of coverage)Dismemberment Sun Ufe (per \$1,000 of	Active Employees		\$0.28/\$1,000	\$0.00
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