

# 2023 Rates



Full Time



## Health Insurance

Anthem Blue Cross and Blue Shield

### TOTAL COST

### YOUR MONTHLY COST

#### BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan

| Plan                  | TOTAL COST | YOUR MONTHLY COST |
|-----------------------|------------|-------------------|
| 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

| Plan                  | TOTAL COST | YOUR MONTHLY COST |
|-----------------------|------------|-------------------|
| Employee Only         | \$605.00   | \$0.00            |
| Employee + Spouse     | \$1,453.00 | \$0.00            |
| Employee + Child(ren) | \$1,332.00 | \$0.00            |
| Employee + Family     | \$1,670.00 | \$0.00            |



## Health Savings Account

WEX

| Account         | TOTAL COST | YOUR MONTHLY COST |
|-----------------|------------|-------------------|
| Savings Account | \$1.35     | \$1.35            |



## Dental Insurance

Anthem Blue Cross and Blue Shield

#### Anthem Dental Essential Choice PPO

| Plan                  | TOTAL COST | YOUR MONTHLY COST |
|-----------------------|------------|-------------------|
| 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

| Plan                  | TOTAL COST | YOUR MONTHLY COST |
|-----------------------|------------|-------------------|
| 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           |



## Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 of coverage)

|                  |                |        |
|------------------|----------------|--------|
| Active Employees | \$0.28/\$1,000 | \$0.00 |
|------------------|----------------|--------|



## Group Long Term Disability

Sun Life (Paid to a maximum salary of \$10,500 per month)

|                  |               |        |
|------------------|---------------|--------|
| Active Employees | \$0.240/\$100 | \$0.00 |
|------------------|---------------|--------|



## Flexible Benefit Plan Administrative Fee

24HourFlex

|                               |        |        |
|-------------------------------|--------|--------|
| One or Both Spending Accounts | \$3.50 | \$0.00 |
|-------------------------------|--------|--------|



## Voluntary Term Life Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)



## Voluntary Critical Illness Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)

| Attained Age | Uni- Smoker |
|--------------|-------------|
| <25          | \$0.039     |
| 25-29        | \$0.042     |
| 30-34        | \$0.053     |
| 35-39        | \$0.063     |
| 40-44        | \$0.076     |
| 45-49        | \$0.135     |
| 50-54        | \$0.213     |
| 55-59        | \$0.388     |
| 60-64        | \$0.524     |
| 65-69        | \$0.912     |
| 70-74        | \$1.463     |
| 75-79        | \$2.880     |
| 80-84        | \$4.168     |
| 85-99        | \$7.325     |

Child Term Life \$0.90 per \$5,000 per month

| Attained Age  | Uni- Smoker |
|---------------|-------------|
| <25           | \$0.340     |
| 25-29         | \$0.390     |
| 30-34         | \$0.510     |
| 35-39         | \$0.710     |
| 40-44         | \$1.090     |
| 45-49         | \$1.610     |
| 50-54         | \$2.310     |
| 55-59         | \$3.230     |
| 60-64         | \$4.000     |
| 65-69         | \$4.630     |
| 70-74         | \$5.940     |
| 75+           | \$8.110     |
| Child Benefit | \$0.200     |



## Accident Insurance

Sun Life

|                       |         |
|-----------------------|---------|
| Employee Only         | \$5.60  |
| Employee + Spouse     | \$9.29  |
| Employee + Child(ren) | \$10.20 |
| Employee + Family     | \$13.89 |



## Accidental Death & Dismemberment

Sun Life (per \$1,000 of coverage)

|          |         |
|----------|---------|
| Employee | \$0.014 |
| Spouse   | \$0.018 |
| Child    | \$0.024 |



## Hospital Insurance

Sun Life

|                       |         |
|-----------------------|---------|
| Employee Only         | \$14.75 |
| Employee + Spouse     | \$31.11 |
| Employee + Child(ren) | \$24.96 |
| Employee + Family     | \$41.32 |