

# 2023 Rates



Part 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 Type	Total Cost	Monthly Cost
Employee Only	\$724.00	\$144.80
Employee + Spouse	\$1,737.00	\$347.40
Employee + Child(ren)	\$1,593.00	\$318.60
Employee + Family	\$1,997.00	\$399.40

#### 2500 HDHP Plan

Plan Type	Total Cost	Monthly Cost
Employee Only	\$605.00	\$121.00
Employee + Spouse	\$1,453.00	\$290.60
Employee + Child(ren)	\$1,332.00	\$266.40
Employee + Family	\$1,670.00	\$334.00



## Health Savings Account

WEX

Account Type	Total Cost	Monthly Cost
Savings Account	\$1.35	\$1.35



## Dental Insurance

Anthem Blue Cross and Blue Shield

#### Anthem Dental Essential Choice PPO

Plan Type	Total Cost	Monthly Cost
Employee Only	\$40.12	\$8.02
Employee + Spouse	\$90.73	\$18.15
Employee + Child(ren)	\$86.92	\$17.38
Employee + Family	\$104.11	\$20.82



## Vision Insurance

Anthem Blue Cross and Blue Shield

#### Blue View Voluntary Vision Plan

Plan Type	Total Cost	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
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## Group Long Term Disability

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

Active Employees	\$0.240/\$100	\$0.00
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## Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts	\$3.50	\$0.00
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## 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

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
<b>Child Benefit</b>	<b>\$0.200</b>

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



## Accidental Death & Dismemberment

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

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



## Accident Insurance

Sun Life

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



## Hospital Insurance

Sun Life

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