

2019 Rates



Health Insurance

Anthem Blue Cross and Blue Shield

TOTAL COST

YOUR MONTHLY COST

BlueAdvantage Point of Service Plan (HMO/POS), Prime Blue Priority PPO Plan, and Custom Plus Health Plan

Employee Only	\$697.00	\$244.00
Employee + Spouse	\$1,671.00	\$585.00
Employee + Child(ren)	\$1,533.00	\$537.00
Employee + Family	\$1,922.00	\$673.00

Blue Priority HMO Plan

Employee Only	\$641.00	\$224.00
Employee + Spouse	\$1,538.00	\$538.00
Employee + Child(ren)	\$1,411.00	\$494.00
Employee + Family	\$1,770.00	\$620.00

2500 HDHP Plan

Employee Only	\$537.00	\$188.00
Employee + Spouse	\$1,286.00	\$450.00
Employee + Child(ren)	\$1,180.00	\$413.00
Employee + Family	\$1,480.00	\$518.00



Dental Insurance

Anthem Blue Cross and Blue Shield

Anthem Dental Essential Choice PPO

Employee Only	\$38.95	\$19.00
Employee + Spouse	\$88.09	\$44.00
Employee + Child(ren)	\$84.39	\$42.00
Employee + Family	\$101.08	\$50.00



Vision Insurance

Anthem Blue Cross and Blue Shield

Blue View Voluntary Vision Plan

Employee Only	\$8.68	\$8.68
Employee + Spouse	\$16.26	\$16.26
Employee + Child(ren)	\$16.26	\$16.26
Employee + Family	\$23.62	\$23.62



Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 death benefit)

Active Employees

\$0.28/\$1,000

\$0.14/\$1,000



Group Long Term Disability

The Standard Insurance

Active Employees

\$0.330/\$100

\$0.095/\$100

Paid to a maximum salary of \$10,500 per month



Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

\$3.75

\$0.00



Group Term Life Insurance (Employee and/ or Spouse)

Anthem Life (premium per \$1,000 death benefit)

Attained Age	Smoker	Non-Smoker
<25	\$0.084	\$0.054
25-29	\$0.084	\$0.060
30-34	\$0.084	\$0.080
35-39	\$0.120	\$0.090
40-44	\$0.186	\$0.102
45-49	\$0.342	\$0.180
50-54	\$0.552	\$0.282
55-59	\$0.984	\$0.516
60-64	\$1.200	\$0.720
65-69	\$1.932	\$1.280
70-74	\$3.060	\$2.060
75-79	\$5.664	\$4.134
80-84	\$7.584	\$6.072
85-99	\$12.084	\$10.890

Voluntary Dependent Child Term Life (per \$5,000 up to \$25,000 per child)

\$1.50 per \$5,000 per month



Voluntary Accidental Death & Dismemberment

Mutual of Omaha

Employee Principal Sum	Employee Only	Employee and Family
\$ 10,000	\$ 0.36	\$ 0.52
\$ 30,000	\$ 1.08	\$ 1.56
\$ 50,000	\$ 1.80	\$ 2.60
\$ 80,000	\$ 2.88	\$ 4.16
\$100,000	\$ 3.60	\$ 5.20
\$150,000	\$ 5.40	\$ 7.80
\$200,000	\$ 7.20	\$10.40
\$250,000	\$ 9.00	\$13.00
\$300,000	\$10.80	\$15.60
\$500,000	\$18.00	\$26.00

The amount of insurance you select is called the "Principal Sum". You may select a Principal Sum up to a maximum of \$500,000, in increments of \$10,000. Amounts over \$250,000 are subject to ten (10) times your annual salary. Employee and Family includes coverage for you, your spouse, and eligible children. If you elect a Family Plan, your spouse's benefit will be 50% of your Principal Sum and the benefit for each child (no matter how many), will be 10% of your Principal Sum.

