

# 2020 Rates

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			
Employee Only	\$697.00	\$279.00	
Employee + Spouse	\$1,671.00	\$668.00	
Employee + Child(ren)	\$1,533.00	\$613.00	
Employee + Family	\$1,922.00	\$769.00	
Blue Priority HMO Plan			
Employee Only	\$641.00	\$256.00	
Employee + Spouse	\$1,538.00	\$615.00	
Employee + Child(ren)	\$1,411.00	\$564.00	
Employee + Family	\$1,770.00	\$708.00	
2500 HDHP Plan			
Employee Only	\$537.00	\$215.00	
Employee + Spouse	\$1,286.00	\$514.00	
Employee + Child(ren)	\$1,180.00	\$472.00	
Employee + Family	\$1,480.00	\$592.00	

# 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 Employee + Child(ren) \$16.26 Employee + Family \$23.62



### 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

Active Employees \$0.156/\$100 \$0.084/\$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



## **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 \$0.076 40-44 \$0.135 45-49 50-54 \$0.213 55-59 \$0.388 60-64 \$0.524 65-69 \$0.912 70-74 \$1.463 75-79 \$2.888 80-84 \$4.168 85-99 \$7.325

Child Term Life (per \$5,000 up

\$0.90 per \$5,000 per month

Attained Age	<u>Uni- Smoker</u>	
<25	\$0.034	
25-29	\$0.039	
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 Only	\$0.020
Employee & Family	\$0.029













