



Medical Insurance

Provided by Anthem and Kaiser

Plan	Employee Only	Employee & Spouse	Employee & Children	Family
Anthem Open Access POS	\$80.80	\$217.68	\$206.81	\$305.35
Anthem Open Access HMO	\$34.73	\$117.90	\$112.01	\$165.90
Anthem Open Access HRA	\$23.43	\$99.58	\$94.61	\$140.35
Kaiser	\$16.16	\$70.29	\$66.78	\$98.40
Tobacco Surcharge	Plus \$35.00 bi-weekly			
Spousal Surcharge	Plus \$46.15 bi-weekly			

Dental Insurance

Provided by Delta Dental

FULL TIME

Employee Only	\$0.00
Employee & Family	\$24.77

PART TIME

Provided by United Concordia

Employee Only	\$17.05
Employee + One	\$31.64
Family	\$50.70

Vision Insurance

Provided by United Healthcare/Spectera

Employee Only	\$3.85
Employee & Family	\$8.94

Disability

Provided by One America

LONG TERM DISABILITY

Buy-UP \$0.187 per \$100 biweekly salary
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SHORT TERM DISABILITY

\$500 monthly benefit minimum, \$100 benefit increments. \$80,000 salary or less, Guarantee Issue 60% earnings, up to \$4,000.

Age	Rate per \$100 monthly benefit 0 / 7	Rate per \$100 monthly benefit 0 / 14
18 - 49	\$1.68	\$1.08
50 - 64	\$1.80	\$1.26
65 - 75	\$2.28	\$1.56

Supplemental Group Life Insurance

Provided by One America

Age	Rate per \$1,000	Age	Rate per \$1,000
0 - 29	\$0.053	55 - 59	\$0.343
30 - 34	\$0.056	60 - 64	\$0.482
35 - 39	\$0.071	65 - 69	\$0.834
40 - 44	\$0.096	70 - 74	\$1.028
45 - 49	\$0.148	75 - 99	\$1.028
50 - 54	\$0.226	Spouse/Dependent	\$2.00

Cancer Protection Assurance

Provided by AFLAC

Plan	Option 1	Option 2
Individual	\$10.40	\$18.21
One Parent Family	\$10.82	\$18.63
Employee & Spouse	\$18.65	\$33.09
Two Parent Family	\$19.07	\$33.51

Accident Insurance

Provided by AFLAC

Plan	Accident, Option 3 On/Off the Job
Employee Only	\$10.14
Employee & Spouse	\$14.40
One Parent Family	\$17.04
Two Parent Family	\$22.08

Hospital Choice

Provided by AFLAC

OPTION 1: B40100 (*Guarantee Issue with Extended Benefit Rider.*)

Age	Employee Only	One Parent Family	Employee & Spouse	Family
18 - 49	\$17.88	\$26.58	\$28.98	\$32.52
50 - 59	\$18.84	\$27.06	\$31.44	\$32.94
60 - 75	\$19.26	\$27.54	\$32.82	\$34.86

OPTION 1: B40100 (*Underwriting required; with Extended Benefit, Hospital and Surgical Care Rider.*)

Age	Employee Only	One Parent Family	Employee & Spouse	Family
18 - 49	\$26.40	\$38.34	\$44.52	\$48.36
50 - 59	\$29.76	\$40.44	\$53.04	\$55.20
60 - 75	\$33.48	\$45.12	\$59.94	\$63.84

Critical Care Protection

Provided by AFLAC

OPTION 1: Series A74100 (*with Building Benefit*)

Age	Employee Only	Employee & Spouse	One Parent Family	Two Parent Family
18 - 35	\$5.40	\$8.34	\$5.94	\$9.36
36 - 45	\$8.70	\$14.28	\$9.06	\$15.48
46 - 55	\$11.70	\$20.16	\$12.06	\$21.54
56 - 70	\$15.18	\$27.84	\$15.60	\$29.52

Legal Plan

Provided by MetLife

High Plan	\$8.31
Low Plan	\$3.69

Cancer Guardian

Provided by Wamberg Genomic Advisors

Coverage	
Employee Only	\$8.77
Employee & Spouse	\$17.54