



Schedule of Monthly Premiums

Active Employees

Effective January 1, 2013 – December 31, 2013

*Benefits Taken Pre-tax

*Health Plan Options	You	You + Child(ren)	You + Spouse	You + Family
HMO PLANS				
Wellness Plan UnitedHealthcare	\$139.38	\$300.88	\$322.34	\$413.86
Wellness Plan Cigna	\$132.38	\$293.88	\$315.34	\$406.86
Standard Plan UnitedHealthcare	\$149.38	\$325.88	\$347.34	\$430.96
Standard Plan Cigna	\$142.38	\$318.88	\$340.34	\$423.96
HRA PLANS				
Wellness Plan UnitedHealthcare	\$ 94.92	\$246.26	\$261.66	\$350.86
Wellness Plan Cigna	\$ 87.92	\$239.26	\$254.66	\$343.86
Standard Plan UnitedHealthcare	\$104.92	\$271.26	\$286.66	\$364.54
Standard Plan Cigna	\$ 97.92	\$264.26	\$279.66	\$357.54
HIGH DEDUCTIBLE PLANS				
Wellness Plan UnitedHealthcare	\$ 83.54	\$228.32	\$242.34	\$331.48
Wellness Plan Cigna	\$ 76.54	\$221.32	\$235.34	\$324.48
Standard Plan UnitedHealthcare	\$ 93.54	\$253.32	\$267.34	\$344.14
Standard Plan Cigna	\$ 86.54	\$246.32	\$260.34	\$337.14
TRICARE Supplement**	\$ 60.50	\$119.50	\$119.50	\$160.50

Additional State Health Benefit Plan Monthly Surcharge – \$80 for Tobacco User.

**Must be eligible/enrolled in TRICARE to be eligible for TRICARE Supplement

*MetLife Dental	Single Premium	Family Premium
Dental – Basic	\$10.81	\$42.64
Dental – Premium	\$17.51	\$69.22

*EyeMed Vision	Single Premium	Family Premium
Vision	\$ 6.94	\$19.43

*Short Term Disability	2/3 of weekly salary or	Cost per Month
Basic	Up to \$225 per week	\$ 8.00
Plan A	Up to \$300 per week	\$14.00
Plan B	Up to \$500 per week	\$20.00

ARAG Group Legal	Single Premium	Family Premium
LawPhone (Coverage for all family members)		\$ 6.90
UltimateAdvisor	\$17.20	\$22.12

Life Insurance	Premium/Benefit – MetLife Life Insurance Company
Basic	\$15,000 Basic Life & Accidental Death & Dismemberment - No cost
Dependent	\$ 5,000 benefit - \$1.40/month \$10,000 benefit - \$2.80/month \$15,000 benefit - \$4.20/month
Supplemental	Employee only, 6 times salary up to a \$500,000 maximum Age banded rates per thousand (see rate table below)

Age	Monthly Rate per \$1,000
<25	\$0.075
25-29	\$0.080
30-34	\$0.100
35-39	\$0.110
40-44	\$0.120
45-49	\$0.155
50-54	\$0.215
55-59	\$0.370
60-64	\$0.545
65-69	\$1.045
70+	\$1.674

Example:
Age 55 - \$40,000 salary
electing 6 times
(\$240,000 in life
insurance)

$\$240,000/1,000 = 240$

$\$.370 \times 240 = \$88.80/\text{month}$

Critical Illness/Cancer Plus – Non-Tobacco Monthly Payroll Deductions										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 3.60	\$ 5.45	\$ 7.30	\$ 9.15	\$ 11.00	\$ 12.85	\$ 14.70	\$ 16.55	\$ 18.40	\$ 20.25
30-39	\$ 5.15	\$ 8.55	\$11.95	\$15.35	\$ 18.75	\$ 22.15	\$ 25.55	\$ 28.95	\$ 32.35	\$ 35.75
40-49	\$ 8.65	\$15.55	\$22.45	\$29.35	\$ 36.25	\$ 43.15	\$ 50.05	\$ 56.95	\$ 63.85	\$ 70.75
50-59	\$14.22	\$26.68	\$39.15	\$51.62	\$ 64.08	\$ 76.55	\$ 89.02	\$101.48	\$ 113.95	\$126.42
60-69	\$21.75	\$41.75	\$61.75	\$81.75	\$101.75	\$121.75	\$141.75	\$161.75	\$181.75	\$201.75

Critical Illness/Cancer Plus – Tobacco Monthly Payroll Deductions										
Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$ 4.85	\$ 7.95	\$ 11.05	\$ 14.15	\$ 17.25	\$ 20.35	\$ 23.45	\$ 26.55	\$ 29.65	\$ 32.75
30-39	\$ 7.60	\$13.45	\$ 19.30	\$ 25.15	\$ 31.00	\$ 36.85	\$ 42.70	\$ 48.55	\$ 54.40	\$ 60.25
40-49	\$16.25	\$30.75	\$ 45.25	\$ 59.75	\$ 74.25	\$ 88.75	\$103.25	\$117.75	\$132.25	\$146.75
50-59	\$26.75	\$51.75	\$ 76.75	\$101.75	\$126.75	\$151.75	\$176.75	\$201.75	\$226.75	\$251.75
60-69	\$41.75	\$81.75	\$121.75	\$161.75	\$201.75	\$241.75	\$281.75	\$321.75	\$361.75	\$401.75