



## 2019 – 2020 Benefit Plan Bi-Weekly Premiums

See bottom of next page if you are paid weekly or twice per month.

### Medical

Coverage	Platinum	Gold	Silver	Bronze Plus	Bronze Alternative
Employee	\$153.69	\$115.26	\$97.27	\$68.58	\$13.85
Employee + Spouse	\$321.96	\$241.72	\$204.75	\$144.45	\$72.47
Employee + Child(ren)	\$291.81	\$218.86	\$184.81	\$130.34	\$66.14
Family	\$461.06	\$345.31	\$292.30	\$206.21	\$104.08

### Dental

Coverage	Gold	Silver	Bronze Plus
Employee	\$18.67	\$12.15	\$7.86
Employee + Spouse	\$41.08	\$26.72	\$17.29
Employee + Child(ren)	\$46.68	\$30.36	\$18.08
Family	\$72.83	\$47.37	\$28.30

### Vision

Coverage	Gold	Silver	Bronze Plus
Employee	\$4.64	\$2.68	\$0.63
Employee + Spouse	\$10.20	\$5.90	\$1.39
Employee + Child(ren)	\$9.27	\$5.36	\$1.26
Family	\$13.90	\$8.04	\$1.89

### Supplemental Life and AD&D Insurance

Age	Supplemental Life for You and Your Spouse Rate per \$10,000 of Coverage	Supplemental AD&D for You and Your Spouse Rate per \$10,000 of Coverage
Under 25	\$0.28	All Ages: \$0.18
25-29	\$0.32	
30-34	\$0.42	
35-39	\$0.51	
40-44	\$0.78	
45-49	\$1.06	
50-54	\$1.98	
55-59	\$3.42	
60-64	\$4.52	
65-69	\$7.34	
70+	\$17.35	<b>Child Life Insurance</b> \$5,000 Benefit: \$0.42 \$10,000 Benefit: \$0.83

### Long-Term and Short-Term Disability

Long-Term Disability Rate per \$100 Covered Payroll		Short-Term Disability Rate per \$10 of Weekly Benefit	
Under 25	\$0.04	Under Age 39	\$0.19
25-29	\$0.06		
30-34	\$0.10		
35-39	\$0.17		
40-44	\$0.28		
45-49	\$0.37	40-54	\$0.24
50-54	\$0.44	55+	\$0.44
55-59	\$0.53		
60-64	\$0.53		
65-69	\$0.57		
70+	\$0.40		

# Voluntary Benefits Bi-Weekly Premiums

## Hospital Indemnity

Coverage	Bi-Weekly Premiums
Employee	\$6.24
Employee + Spouse	\$12.38
Employee + Child(ren)	\$11.30
Family	\$19.22

## Accident Insurance

Coverage	Low Option Plan	High Option Plan
Employee	\$5.58	\$8.29
Employee + Spouse	\$9.46	\$14.11
Employee + Child(ren)	\$10.62	\$15.78
Family	\$13.09	\$19.50

## Critical Illness

Attained Age	\$10,000 Benefit		\$20,000 Benefit	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
<b>Employee</b>				
Age 18-29	\$2.40	\$3.40	\$4.80	\$6.80
30-39	\$3.30	\$5.00	\$6.60	\$10.00
40-49	\$5.20	\$8.30	\$10.40	\$16.60
50-59	\$11.40	\$19.70	\$22.80	\$39.40
60-69	\$22.50	\$39.20	\$45.00	\$78.40
70+	\$38.20	\$67.20	\$76.40	\$134.40
<b>Employee + Spouse</b>				
Age 18-29	\$3.80	\$5.50	\$7.60	\$11.00
30-39	\$5.20	\$7.80	\$10.40	\$15.60
40-49	\$7.80	\$12.40	\$15.60	\$24.80
50-59	\$16.00	\$27.50	\$32.00	\$55.00
60-69	\$30.70	\$53.20	\$61.40	\$106.40
70+	\$51.90	\$91.00	\$103.80	\$182.00
<b>Employee + Child(ren)</b>				
Age 18-29	\$3.60	\$4.60	\$7.20	\$9.20
30-39	\$4.50	\$6.20	\$9.00	\$12.40
40-49	\$6.40	\$9.50	\$12.80	\$19.00
50-59	\$12.60	\$20.90	\$25.20	\$41.80
60-69	\$23.70	\$40.40	\$47.40	\$80.80
70+	\$39.40	\$68.40	\$78.80	\$136.80
<b>Employee + Spouse &amp; Family</b>				
Age 18-29	\$5.00	\$6.70	\$10.00	\$13.40
30-39	\$6.40	\$9.00	\$12.80	\$18.00
40-49	\$9.00	\$13.60	\$18.00	\$27.20
50-59	\$17.20	\$28.70	\$34.40	\$57.40
60-69	\$31.90	\$54.40	\$63.80	\$108.80
70+	\$53.10	\$92.20	\$106.20	\$184.40

To calculate your rate per pay period, please use the appropriate formula below

### If you are paid weekly:

- Bi-weekly rate (as shown) ÷ 2 = Weekly Rate

### If you are paid two times each month:

- Bi-weekly rate (as shown) x 26 ÷ 24 = Semi-Monthly Rate

