

2023 BENEFIT RATES

MEDICAL - CORE HDHP

YOU PAY
(PER MONTH)

EMPLOYEE	\$62
EMPLOYEE + SPOUSE	\$122
EMPLOYEE + CHILD(REN)	\$122
EMPLOYEE + FAMILY	\$158

MEDICAL - PREMIER PLAN

YOU PAY
(PER MONTH)

EMPLOYEE	\$115
EMPLOYEE + SPOUSE	\$250
EMPLOYEE + CHILD(REN)	\$250
EMPLOYEE + FAMILY	\$300

DENTAL PREMIUMS

YOU PAY
(PER MONTH)

EMPLOYEE	\$16.04
EMPLOYEE + 1 DEPENDENT	\$30.89
EMPLOYEE + 2 OR MORE DEPENDENTS	\$37.98

VISION PREMIUMS

YOU PAY
(PER MONTH)

EMPLOYEE	\$8.96
EMPLOYEE + 1 DEPENDENT	\$17.04
EMPLOYEE + 2 OR MORE DEPENDENTS	\$19.29

VOLUNTARY LIFE AND AD&D PLAN

MONTHLY RATES
(EMPLOYEE & SPOUSE)
Rate per \$1,000 of coverage

UNDER 30	\$0.090
30-34	\$0.120
35-39	\$0.130
40-44	\$0.190
45-49	\$0.280
50-54	\$0.430
55-59	\$0.640
60-64	\$0.910
65-69	\$1.320
70 & OVER	\$2.740

ACCIDENT INSURANCE

YOU PAY
(PER MONTH)

EMPLOYEE	\$13.41
EMPLOYEE + SPOUSE	\$23.30
EMPLOYEE + CHILD(REN)	\$27.57
EMPLOYEE + FAMILY	\$37.46

HOSPITAL INDEMNITY INSURANCE

YOU PAY
(PER MONTH)

EMPLOYEE	\$24.90
EMPLOYEE + SPOUSE	\$50.81
EMPLOYEE + CHILD(REN)	\$47.30
EMPLOYEE + FAMILY	\$70.57

The monthly cost for children is \$0.276 per \$1,000 of coverage.

CRITICAL ILLNESS MONTHLY RATES PER \$1,000

AGE	EMPLOYEE	SPOUSE	EMPLOYEE (TOBACCO)	SPOUSE (TOBACCO)
UNDER 30	\$0.66	\$0.66	\$1.15	\$1.15
30-39	\$0.90	\$0.90	\$1.76	\$1.76
40-49	\$1.69	\$1.69	\$3.87	\$3.87
50-59	\$3.14	\$3.14	\$8.15	\$8.15
60-69	\$5.00	\$5.00	\$13.99	\$13.99
70+	\$10.12	\$10.12	\$26.62	\$26.62

Child(ren) cost is included in these rates