

# 2023 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

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$724.00	\$186.00
Employee + Spouse	\$1,737.00	\$446.00
Employee + Child(ren)	\$1,593.00	\$409.00
Employee + Family	\$1,997.00	\$513.00

#### 2500 HDHP Plan

Employee Only	\$605.00	\$143.00
Employee + Spouse	\$1,453.00	\$343.00
Employee + Child(ren)	\$1,332.00	\$315.00
Employee + Family	\$1,670.00	\$395.00



## Health Savings Account

WEX

Savings Account	\$1.35	\$1.35
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## Dental Insurance

Anthem Blue Cross and Blue Shield

#### Anthem Dental Essential Choice PPO

Employee Only	\$40.12	\$13.24
Employee + Spouse	\$90.73	\$29.94
Employee + Child(ren)	\$86.92	\$28.68
Employee + Family	\$104.11	\$34.36



## Vision Insurance

Anthem Blue Cross and Blue Shield

#### Blue View Voluntary Vision Plan

Employee Only	\$7.89	\$7.89
Employee + Spouse	\$14.79	\$14.79
Employee + Child(ren)	\$14.79	\$14.79
Employee + Family	\$21.48	\$21.48



## 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 (Paid to a maximum salary of \$10,500 per month)

Active Employees

\$0.240/\$100

\$0.00



## Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

\$3.50

\$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

40-44

\$0.076

45-49

\$0.135

50-54

\$0.213

55-59

\$0.388

60-64

\$0.524

65-69

\$0.912

70-74

\$1.463

75-79

\$2.880

80-84

\$4.168

85-99

\$7.325

**Child Term Life**

\$0.90 per \$5,000 per month

Attained Age

Uni- Smoker

<25

\$0.340

25-29

\$0.390

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

\$0.014

Spouse

\$0.018

Child

\$0.024



## Hospital Insurance

Sun Life

Employee Only

\$14.75

Employee + Spouse

\$31.11

Employee + Child(ren)

\$24.96

Employee + Family

\$41.32

