

INSURANCE RATES PER PAY PERIOD**These are Bi-weekly Premiums****Standard Plan B**

\$420.00 per person deductible / \$840.00 per family, State pays 80% you pay 20%

Blue Choice HMO

No deductible on office visits - \$15 copay

Savings Plan

\$3,600.00 per person deductible / \$7,200.00 per family, State pays 80 % you pay 20%

Out of pocket maximum is \$2,400 per individual or \$4,800 per family on Standard and Savings plans.

	Standard Plan B	Blue Choice HMO	Savings Plan	Tricare Supplement
Enrollee Only	\$55.29	\$172.71	\$5.49	\$31.25
Enrollee/Spouse	\$143.40	\$460.92	\$43.81	\$60.75
Enrollee/child(ren)	\$81.42	\$301.10	\$11.59	\$60.75
Full Family	\$173.51	\$645.30	\$63.96	\$81.25

If you do not enroll in health insurance within 31 days of your hire date, you will not be able to enroll until the next annual enrollment. If you lose or gain health coverage you may add or drop insurance within 31 days of the qualifying event with documentation from the company dropping/granting coverage. If you get married or have a baby you may add insurance with 31 days of the qualifying event.

Dental Insurance

	Dental Rates	Dental Plus
Enrollee Only	\$ 0.00	\$12.29
Enrollee/Spouse	\$ 3.82	\$24.83
Enrollee/child(ren)	\$ 6.86	\$28.63
Full Family	\$ 10.67	\$37.11

If you do not enroll in the dental plan within 31 days of your hire date, you must wait until open enrollment to pick this coverage up. Open enrollment for dental insurance is every other October. However, you may pick up dental insurance if you lose coverage and you enroll within 31 days of the loss of coverage.

Dependent Life Children

\$.62 for \$15,000 in coverage.

Dependent Life Spouse

You may enroll your spouse for \$20,000. The rates are the same as for the employee. The rates are based on the employee's age not the spouses.

Employees not enrolling in dependent life insurance within 31 days of hire, must submit a medical evidence form, and be approved before coverage will be granted. Dependent life insurance may be applied for year round.

Optional Life Insurance

An employee may enroll in optional life insurance up to 3 times their annual salary. You may enroll in additional coverage (up to \$500,000) by providing medical evidence of good health. The rates for the optional life are based on your age as of January 1, 2014.

Employees not enrolling in Optional life insurance within 31 days of hire, must submit a medical evidence form during an annual enrollment period, and be approved before coverage will be granted.

Supplemental Long Term Disability (SLTD)

Pays you 65% of your wages (minus Social Security and Retirement) if you are out of work due to a disability

Age Group	Benefit Waiting Period	
	90 Day	180 Day
< 31	.00063	.00050
31 - 40	.00088	.00067
41 - 50	.00175	.00133
51 - 60	.00352	.00270
61 - 65	.00423	.00325
> 65	.00517	.00397

To calculate premium - Divide your annual salary by 12, then multiply that amount by the selected benefit waiting period rate using your age category and divide by 2. This is your premium.

Example:

You are age 35 and your annual salary is \$16,000 and you select the 90 day plan

$\$16,000 \text{ divided by } 12 = 1,333. \quad 1,333 \times .00088 = 1.173 \quad 1.18 \text{ divided by } 2 = .59 \quad \text{This is your premium}$

If you do not enroll in SLTD within 31 days of your hire date, you must complete medical evidence to enroll. SLTD may be applied for year round.

Vision Care

Employees may enroll in the vision care program through Eye Med Insurance.

Employee	\$3.97
Emp./Spouse	\$7.94
Emp./Child	\$8.43
Full Family	\$12.41

Tobacco Surcharge

If you or anyone you are covering on health insurance uses tobacco products, you will be charged the surcharge.

Single coverage	\$20.00
Non-Single Coverage	\$30.00