Benefit Plan Costs

Listed below are the monthly and per-pay-period costs for medical, dental, and vision insurance. The amount you pay for coverage is deducted from your paycheck on a pre-tax basis.

Medical Insurance

Coverage Level	Cigna Open Access Plus Plan $2,000				Cigna Choice Fund Open Access Plus HSA Plan $2,600			
	Monthly		Per-Pay-Period		Monthly		Per-Pay-Period	
	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
Employee Only	$90.00	$130.00	$45.00	$65.00	$45.00	$85.00	$22.50	$42.50
Employee + Spouse	$300.00	$340.00	$150.00	$170.00	$220.00	$260.00	$110.00	$130.00
Employee + Child(ren)	$275.00	$315.00	$137.50	$157.00	$200.00	$240.00	$100.00	$120.00
Employee + Family	$425.00	$465.00	$212.50	$232.00	$275.00	$315.00	$137.00	$157.00

Dental Insurance

Coverage Level	Cigna High		Cigna Low	
	Monthly	Per-Pay-Period	Monthly	Per-Pay-Period
Employee Only	$24.24	$12.12	$14.78	$7.39
Employee + Spouse	$57.01	$28.51	$30.46	$15.23
Employee + Child(ren)	$58.48	$29.24	$29.89	$14.95
Employee + Family	$91.30	$45.65	$49.64	$24.82

Vision Insurance

Coverage Level	EyeMed Vision	
	Monthly	Per-Pay-Period
Employee Only	$8.08	$4.04
Employee + Spouse	$15.23	$7.62
Employee + Child(ren)	$16.03	$8.02
Employee + Family	$23.51	$11.76

Voluntary Life and AD&D Insurance

Listed below are the monthly rates for voluntary life and AD&D insurance. The amount you pay for voluntary life and AD&D insurance is deducted from your paycheck on a post-tax basis. Spouse life rates are based on the employee's age.

Voluntary Life Rates			
Age	**Employee Rate** Per $1,000 of coverage	**Spouse Rate** Per $1,000 of coverage	**Child Rate** PEPM
<25	$0.083	$0.051	$1.57
25–29	$0.083	$0.051	
30–34	$0.107	$0.063	
35–39	$0.129	$0.073	
40–44	$0.165	$0.102	
45–49	$0.257	$0.152	
50–54	$0.424	$0.257	
55–59	$0.715	$0.416	
60–64	$1.077	$0.702	
65–69	$1.979	$2.114	
70–74	$3.483	$2.114	
75+	$3.483	$2.114	

Voluntary AD&D Rates	
Employee Per $1,000 of coverage	$0.027
Employee + Dependents Per $1,000 of coverage	$0.035