

2013-2014 MEDICAL, PHARMACY, BEHAVIORAL HEALTH RATES

FULL-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium less Premium Reductions
Cigna Medical Group Plan (HMO)	Employee	78.70	18.70
	Employee + Spouse	140.26	80.26
	Employee + Child(ren)	115.00	55.00
	Employee + Family	192.40	132.40
Open Access Plus Plan (PPO)	Employee	108.74	48.74
	Employee + Spouse	223.60	163.60
	Employee + Child(ren)	188.88	128.88
	Employee + Family	310.10	250.10
Choice Fund Medical Plan with HSA (HDHP)	Employee	60.00	0
	Employee + Spouse	74.82	14.82
	Employee + Child(ren)	68.20	8.20
	Employee + Family	85.36	25.36

PART-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium	Monthly Employee Premium less Premium Reductions
Cigna Medical Group Plan (HMO)	Employee	326.30	266.30
	Employee + Spouse	619.50	559.50
	Employee + Child(ren)	510.96	450.96
	Employee + Family	813.60	753.60
Open Access Plus Plan (PPO)	Employee	356.34	296.34
	Employee + Spouse	702.84	642.84
	Employee + Child(ren)	584.84	524.84
	Employee + Family	931.30	871.30
Choice Fund Medical Plan with HSA (HDHP)	Employee	288.40	228.40
	Employee + Spouse	536.48	476.48
	Employee + Child(ren)	454.92	394.92
	Employee + Family	705.40	645.40



2013-2014 VISION RATES

FULL-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Avesis	Employee	1.32
	Employee + Spouse	2.90
	Employee + Child(ren)	2.18
	Employee + Family	3.90

PART-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Avesis	Employee	4.06
	Employee + Spouse	7.96
	Employee + Child(ren)	7.68
	Employee + Family	11.86



2013-2014 DENTAL RATES

FULL-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Cigna (PPO)	Employee	16.02
	Employee + Spouse	35.24
	Employee + Child(ren)	38.16
	Employee + Family	49.08
Delta (PPO)	Employee	24.76
	Employee + Spouse	54.52
	Employee + Child(ren)	59.00
	Employee + Family	76.04
Cigna Prepaid	Employee	4.56
	Employee + Spouse	8.58
	Employee + Child(ren)	11.18
	Employee + Family	12.88

PART-TIME ACTIVE EMPLOYEES

Plan	Tier	Monthly Employee Premium
Cigna (PPO)	Employee	25.54
	Employee + Spouse	56.24
	Employee + Child(ren)	60.86
	Employee + Family	78.18
Delta (PPO)	Employee	34.28
	Employee + Spouse	75.52
	Employee + Child(ren)	81.70
	Employee + Family	105.14
Cigna Prepaid	Employee	6.28
	Employee + Spouse	11.04
	Employee + Child(ren)	14.96
	Employee + Family	17.46



2013-2014 LIFE INSURANCE

Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Coverage Multipliers per \$1,000 or \$5,000 of Coverage		
Additional Accidental Death and Dismemberment - Employee; Coverage per \$1,000		0.020
Additional Accidental Death and Dismemberment - Family; Coverage per \$1,000		0.035
Dependent Child Life; Coverage per \$5,000		0.500
Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Additional Life / Spouse Life - Non-Tobacco Use		
Non-Tobacco	Under 25	0.032
Non-Tobacco	25-29	0.038
Non-Tobacco	30-34	0.050
Non-Tobacco	35-39	0.056
Non-Tobacco	40-44	0.074
Non-Tobacco	45-49	0.120
Non-Tobacco	50-54	0.184
Non-Tobacco	55-59	0.312
Non-Tobacco	60-64	0.528
Non-Tobacco	65-69	0.760
Non-Tobacco	70 and older	1.408
Life Insurance		Monthly Employee Premium Per \$1,000/Salary
Additional Life / Spouse Life - Tobacco Use		
Tobacco User	Under 25	0.052
Tobacco User	25-29	0.056
Tobacco User	30-34	0.064
Tobacco User	35-39	0.109
Tobacco User	40-44	0.155
Tobacco User	45-49	0.308
Tobacco User	50-54	0.567
Tobacco User	55-59	0.578
Tobacco User	60-64	0.896
Tobacco User	65-69	1.096
Tobacco User	70 and older	1.800



2013-2014 OTHER BENEFITS

Short Term Disability

Short Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 24 Pay Periods
40%	0.0027
50%	0.0038
60%	0.0059

Examples:

Comparison of STD Premium at Various Salary Levels				
Annual Earnings	Bi-Weekly Earnings	Bi-Weekly Premium Short Term 60%	Bi-Weekly Premium Short Term 50%	Bi-Weekly Premium Short Term 40%
\$25,106	\$966	\$6.18	\$3.96	\$2.80
\$40,503	\$1,558	\$8.87	\$5.68	\$4.02
\$50,336	\$1,936	\$12.39	\$7.94	\$5.61
\$61,922	\$2,382	\$15.24	\$9.76	\$6.91
\$73,923	\$2,843	\$18.20	\$11.66	\$8.25
\$115,981	\$4,461	\$28.55	\$18.29	\$12.94

Group Legal

Other Services	Monthly Employee Premium
Hyatt Legal	15.74

