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All rates are listed in monthly amounts

Delta Dental					
		Option 1	Option 2	Option 3	
Employee		\$ 69.64	\$ 59.99	\$ 56.05	
Employee + One		125.57	108.23	98.68	
Employee + Family		194.53	166.60	151.24	
EyeMed Vision Plan					
		Option 1	Option 2	Option 3	
Employee		\$ 12.45	\$ 12.32	\$ 17.43	
Employee + One		17.27	17.02	26.74	
Employee + Family		22.00	21.67	35.93	
Employer-Paid Basic Life Insurance and AD&D			Long-Term Disability Insurance		
	Total Monthly Premium			Rate per \$100 of Salary	
Employee only	No cost with any additional enrollment		Employee only	\$ 0.70	
Supplemental Life Insurance and Accidental Death & Dismemberment		Short-Term Disability Insurance		Critical Illness Insurance	
Age (Employee or Spouse)	Total Monthly Premium per \$1,000 of coverage	Age (Employee or Spouse)	Total Monthly Premium per \$10 of coverage	Age (Employee or Spouse)	Total Monthly Premium per \$10,000 of coverage
Under 25	\$ 0.27	Under 25	\$ 0.39	Dependent Children	\$ 15.70
25-29	0.27	25-29	0.43	Under 29	7.30
30-34	0.31	30-34	0.43	30-34	9.70
				35-39	11.40
35-39	0.33	35-39	0.38	40-44	14.90
40-44	0.38	40-44	0.37	45-49	21.80
45-49	0.49	45-49	0.43	50-54	29.70
50-54	0.66	50-54	0.55	55-59	40.70
				60-64	58.90
55-59	0.93	55-59	0.63	65-69	86.90
60-64	1.08	60-64	0.70	70-74	140.40
65-69	1.65	65-69	0.85	75-79	231.20
				80-84	316.50
70+	2.60	70+	1.09	85+	502.60
Accident Insurance					
		Plan A	Plan B	Plan C	
Employee Only		\$ 10.24	\$ 13.44	\$ 17.18	
Employee + Spouse		15.43	20.80	27.05	
Employee + Child(ren)		21.52	29.60	38.58	
Employee + Family		26.81	37.08	48.61	