



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	\$ 0.24	Dependant Children	\$ 15.70
25-29	0.27	25-29	0.27	Under 29	7.30
30-34	0.31	30-34	0.27	30-34	9.70
35-39	0.33	35-39	0.21	35-39	11.40
40-44	0.38	40-44	0.18	40-44	14.90
45-49	0.49	45-49	0.21	45-49	21.80
50-54	0.66	50-54	0.21	50-54	29.70
55-59	0.93	55-59	0.24	55-59	40.70
60-64	1.08	60-64	0.24	60-64	58.90
65-69	1.65	65-69	0.30	65-69	86.90
70+	2.60	70+	0.38	70-74	140.40
				75-79	231.20
				80-84	316.50
				85+	502.60
Accident Insurance					
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		