2025 Rates

<u>Part Time</u>

Your Health Insurance Ar. **TOTAL COST** MONTHLY COST Anthem Blue Cross and Blue Shield BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan **Employee Only** \$859.00 \$171.80 Employee + Spouse \$2,063.00 \$412.60 Employee + Child(ren) \$1,891.00 \$378.20 Employee + Family \$2,370.00 \$474.00 2500 HDHP Plan **Employee Only** \$718.00 \$143.60 Employee + Spouse \$1,725.00 \$345.00 \$1,581.00 Employee + Child(ren) \$316.20 Employee + Family \$1,982.00 \$396.40

Health Savings Account		
Savings Account	\$1.35	\$1.35
Control Insurance Anthem Blue Cross and Blue Shield Anthem Dental Essential Choice PPO		
Employee Only	\$44.40	\$8.88
Employee + Spouse	\$100.41	\$20.08
Employee + Child(ren)	\$96.19	\$19.24
Employee + Family	\$115.22	\$23.04

Vision Insurance Anthem Blue Cross and Blue Shield Blue View Voluntary Vision Plan		
Employee Only	\$7.89	\$7.89
	\$14.79	\$14.79
Employee + Spouse		
Employee + Child(ren)	\$14.79	\$14.79
Employee + Family	\$21.48	\$21.48

Active Employees		\$0.28/\$1,000	\$0.00
	ng Term Disability a maximum salary of \$10,500 per ma	nth)	
Active Employees		\$0.240/\$100	\$0.00
Flexible B	enefit Plan Adminis	strative Fee	
One or Both Spending Acco	unts	\$2.95	\$0.00
Voluntary Term Life Insurance (Employee and/or Spouse) Sun Life (per \$1,000 of coverage)		Voluntary Critical Illness Insurance (Employee and/or Spouse Sun Life (per \$1,000 of coverage)	
Attained Age	<u>Uni- Smoker</u>	Attained Age	<u>Uni- Smoker</u>
<25	\$0.039	<25	\$0.340
25-29	\$0.042	25-29	\$0.390
30-34	\$0.053	30-34	\$0.510
35-39	\$0.063	35-39	\$0.710
40-44	\$0.076	40-44	\$1.090
45-49	\$0.135	45-49	\$1.610
50-54	\$0.213	50-54	\$2.310
55-59	\$0.388	55-59	\$3.230
60-64	\$0.524	60-64	\$4.000
65-69	\$0.912	65-69	\$4.630
70-74	\$1.463	70-74	\$5.940
75-79	\$2.880	75+	\$8.110
80-84	\$4.168	Child Benefit	\$0.200
85-99	\$7.325	Accident Insurance	
hild Term Life	\$0.90 per \$5,000 per month		
O Accident	al Death &	Employee Only	\$5.60
		Employee + Spouse Employee + Child(ren)	\$9.29 \$10.20
Dismemt		Employee + Family	\$10.20
mployee	\$0.014	Hospital Ins	urance
pouse	\$0.018	Sun Life	
hild	\$0.024	Employee Only	\$14.75
BeneCenter Login		Employee + Spouse	\$14.75
		Employee + Child(ren)	\$24.96
User ID: cheiba		Employee + Family	\$41.32
Password: csmir	les -	Linployee · Fulling	Υ ΤΤ :92



