



HUMAN RESOURCES ADMINISTRATION

2024 FLEXIBLE BENEFITS RATES

Life Coverage MetLife	Employee Life Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary	Spousal Life Coverage Selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000	Accidental Death Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary
Employee Age	(rate per thousand)	(rate per thousand)	(rate per thousand)
0-29	0.04	0.06	0.020
30-34	0.05	0.08	0.020
35-39	0.06	0.09	0.020
40-44	0.07	0.12	0.020
45-49	0.10	0.16	0.020
50-54	0.16	0.26	0.020
55-59	0.25	0.38	0.020
60-64	0.34	0.58	0.020
65-69	0.61	1.11	0.020
70 or over	0.95	1.79	0.020

- Spouse Life rates are based on spouse's age
- An administrative fee will be added to the premium
- Computations are based on rate per thousand.

Life Coverage (continued)

| Child Life |
|------------|------------|------------|------------|------------|
| \$3,000 | \$6,000 | \$10,000 | \$15,000 | \$20,000 |
| \$0.97 | \$1.24 | \$1.60 | \$2.05 | |

- Child Life rates based on coverage Level
- Employee must be enrolled in Employee Life to elect Child life
- An administrative fee is included in the premium

Dental Plans	Cigna PPO: Select Plan	Cigna PPO: Select Mid Plan	Cigna PPO: Select Plus Plan	Cigna: DHMO
Employee	\$26.87	\$34.20	\$40.86	\$22.52
Employee + Spouse	\$52.35	\$66.83	\$79.96	\$41.04
Employee + Child(ren)	\$54.89	\$70.09	\$83.87	\$50.89
Family	\$76.92	\$98.30	\$117.68	\$60.71

Blue View Vision	Anthem Blue Cross Blue Shield Vision Select	Anthem Blue Cross Blue Shield Vision Select Plus
Employee	\$5.26	\$9.04
Employee + Spouse	\$11.13	\$19.80
Employee + Child(ren)	\$11.65	\$20.72
Family	\$15.73	\$28.23

• An administrative fee is included in the premium

Legal Plan	MetLife Legal Plans Select	MetLife Legal Plans Select Plus	MetLife Legal Plans Select Premium
Employee	\$5.97	\$7.65	8.75
Family	\$7.46	\$9.80	10.90

The Standard Disability Plans	Short Term Disability		Short Term Disability		Long Term Disability with Retirement Disability	
Employee Age Bands	Seven Day Plan	Thirty Day Plan	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
0-29	0.466	0.247	0.151	0.160	0.128	0.138
30-34	0.447	0.242	0.215	0.243	0.128	0.138
35-39	0.466	0.247	0.270	0.302	0.128	0.138
40-44	0.508	0.276	0.311	0.339	0.128	0.138
45-49	0.561	0.304	0.536	0.596	0.128	0.138
50-54	0.608	0.333	0.715	0.798	0.261	0.293
55-59	0.713	0.385	0.934	1.026	0.467	0.518
60-64	0.803	0.437	1.100	1.205	0.564	0.623
65-69	0.979	0.532	1.466	1.613	0.921	1.017
70 or over	1.511	0.812	1.466	1.613	0.921	1.017

An administrative fee will be added to the premium

[•] Computations are based on rate per \$1000

Employee Critical Illness Insurance					CLOSED ENTR	TO NEW ANTS
Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Bands						
18-29	\$3.33	\$4.73	\$7.53	\$10.33	\$13.13	\$15.93
30-39	\$4.53	\$7.13	\$12.33	\$17.53	\$22.73	\$27.93
40-49	\$7.78	\$13.63	\$25.33	\$37.03	\$48.73	\$60.43
50-59	\$11.93	\$21.93	\$41.93	\$61.93	\$81.93	\$101.93
60 +	\$18.03	\$34.13	\$66.33	\$98.53	\$130.73	\$162.93

[•] An administrative fee is included in the premium

Spouse Critical Illness Insurance					CLOSED ENTR	TO NEW ANTS
Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Bands						
18-29	\$3.33	\$4.73	\$7.53	\$10.33	\$13.13	\$15.93
30-39	\$4.53	\$7.13	\$12.33	\$17.53	\$22.73	\$27.93
40-49	\$7.78	\$13.63	\$25.33	\$37.03	\$48.73	\$60.43
50-59	\$11.93	\$21.93	\$41.93	\$61.93	\$81.93	\$101.93
60 +	\$18.03	\$34.13	\$66.33	\$98.53	\$130.73	\$162.93

- Spouse Critical Illness election cannot exceed the coverage level of the employee
- Spouse premiums based on employee age.
- An administrative fee is included in the premium

Child(ren) Critical Illness Insurance

Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$15,000 Coverage Level
All Ages to Age 26*	\$1.70	\$2.70	\$3.70

- Employee Critical Illness must be elected to add child(ren) coverage
- An administrative fee is included in the premium
- * Eligibility ends at age 26 unless approved disabled

Accident Insurance

VOYA	Employee	Employee +	Employee +	Employee +
	Only	Spouse	Child(ren)	Family
	\$7.15	\$13.59	\$14.56	\$21.00

Hospital Indemnity Insurance

VOYA	Employee	Employee +	Employee +	Employee +
	Only	Spouse	Child(ren)	Family
	\$13.45	\$26.18	\$24.64	\$37.37

Cancer Insurance

VOYA	Employee	Employee +	Employee +	Employee +
	Only	Spouse	Child(ren)	Family
	\$20.37	\$34.14	\$21.88	\$35.65

HealthEquity/WageWorks Flexible Spending Accounts

Health Care and Dependent Care Flexible Spending Accounts

Employees enrolled in the Health Care Flexible Spending Account will be charged a \$3.20 monthly administrative fee.

Unum Long-Term Care

Employees who are interested in enrolling or making changes to the Long-Term Care plan must contact UNUM at www.unuminfo.com/sog or call 1-888-764-3539. If enrolling, you must download the application from UNUM's website. Once you have completed the application, please mail it to UNUM. All Long-Term Care enrollment information must be returned directly to UNUM.

- 9.9% premium increase on Long-Term Care plan options
- A monthly administrative fee of \$.70 will be added to the Long-Term Care premium