

Medical Insurance

Provided by EBMS

Plan	Non Tobacco Users	Employee and/or Dependent Tobacco User
Employee Only	\$66.63	\$137.78
Employee & Children	\$120.83	\$191.98
Employee & Spouse	\$191.58	\$262.73
Family	\$251.97	\$323.12

* tobacco is defined as any nicotine absorbed product

Dental Insurance

Provided by EBMS

Employee Only	\$21.08
Employee & Family	\$48.52

Vision Insurance

Provided by EyeMed

Employee Only	\$3.29
Employee & Family	\$8.67

Pharmacy Plan

Filled through WeCare or another retail Pharmacy

30-Day Supply	Tier 1 Preferred Generics	Tier 2 Preferred Brands	Tier 3 Non-Preferred Generics & Brands	Tier 3 Non-Covered Drugs at Discounted Rate
WeCare Campus Clinic	No Charge Please check with the clinic to see if your prescription is available through them.		Not Available	Not Available
Preferred Pharmacies (All those that are not listed as "non-preferred")	\$15 copay (90-day supply \$45)	\$50 copay (90-day supply \$150)	\$100 copay (90-day supply \$300)	Member Pays 100% of Discounted Price after Manufacturer Assistance
Non-Preferred Pharmacy (CVS, Rite-Aid, Sams, Target, Walgreens & Walmart)	\$35 copay	\$70 copay	\$120 copay	Member Pays 100% of Discounted Price after Manufacturer Assistance

Supplemental Group Life Insurance

Provided by The Standard

Age	Rate per \$10,000	Age	Rate per \$10,000
less than 35	\$0.323	55 - 59	\$3.738
35 - 39	\$0.508	60 - 64	\$5.862
40 - 44	\$0.854	65 - 69	\$9.277
45 - 49	\$1.246	70 - 74	\$14.815
50 - 54	\$2.169	75 & Over	\$14.815

Dependent Group Life Insurance

Provided by The Standard

Spouse & Child Amount	Rate per Family
\$5,000	\$0.47
\$10,000	\$0.93

Disability

Provided by The Standard

SHORT-TERM

Age	Rate per \$10 weekly benefit
under 35	\$0.222
35 - 39	\$0.231
40 - 44	\$0.309
45 - 49	\$0.351
50 - 54	\$0.429
55 - 59	\$0.526
60 - 64	\$0.655
65 - 69	\$0.766
over 70	\$0.808

LONG-TERM

Age	Rate per \$100 monthly benefit
under 30	\$0.074
30 - 34	\$0.125
35 - 39	\$0.175
40 - 44	\$0.291
45 - 49	\$0.429
50 - 54	\$0.535
55 - 59	\$0.734
60 - 64	\$0.549
65 - 69	\$0.826
over 70	\$0.545

AirEvac

Provided by AirMedCare

Bi-Weekly

Employee & household	\$2.50
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Cancer Insurance

Provided by AFLAC

Plan	Option 1	Option 2
Individual	\$10.40	\$18.21
One Parent Family	\$10.82	\$18.63
Employee & Spouse	\$18.65	\$33.09
Two Parent Family	\$19.07	\$33.51

Critical Illness

Provided by The Standard

Premier Plan	\$5,000 Non Tobacco	\$5,000 Tobacco
Under 30	\$1.68	\$2.17
30 - 39	\$2.79	\$4.20
40 - 49	\$4.68	\$8.15
50 - 59	\$9.12	\$17.91
60 - 70	\$16.66	\$34.73

For \$10,000 use 2x the above rate, for \$20,000 use 4x the above rate.

Accident Insurance

Provided by AFLAC

Plan	Accident, Off the Job, Option 3
Employee Only	\$9.12
One Parent Family	\$15.18
Employee & Spouse	\$12.96
Two Parent Family	\$19.74

Hospital Indemnity

Provided by The Standard

Coverage	Biweekly Rate
Employee Only	\$7.68
Employee & Spouse	\$13.13
Employee & Children	\$11.02
Family	\$19.51

Whole Life

Provided by UNUM

Non-Tobacco Sample Rates	\$25,000 Lifetime Payments	\$25,000 Paid Up at 70
Issue age 25	\$8.38	\$9.84
Issue age 35	\$12.88	\$15.52
Issue age 45	\$21.60	\$27.86