

Benefit Plan		Employees
Frequency of Deduction		Weekly
<i>*All medical rates are subject to vary slightly based on final enrollment. Once final enrollment is complete you will be updated if there is any change to final deduction numbers.</i>		
BlueCross BlueShield Gold Medical	Member Only	*\$39.99
Blue Advantage PPO P8E1ADT	Member + Child(ren)	*\$62.88
	Member + Spouse	*\$73.20
	Member + Family	*\$90.91
BlueCross BlueShield Silver Medical	Member Only	*\$29.00
Blue Advantage PPO G746ADT	Member + Child(ren)	*\$42.75
	Member + Spouse	*\$55.73
	Member + Family	*\$76.28
BlueCross BlueShield Bronze Medical	Member Only	*\$15.00
Blue Advantage PPO B709ADT	Member + Child(ren)	*\$20.78
	Member + Spouse	*\$36.02
	Member + Family	*\$40.63
Principal Dental	Member Only	\$0.00
	Member + Child(ren)	\$7.71
	Member + Spouse	\$6.63
	Member + Family	\$15.99
Principal Vision	Member Only	\$0.00
	Member + Child(ren)	\$0.87
	Member + Spouse	\$1.69
	Member + Family	\$2.73
Principal Basic Life	Coverage \$50,000	\$0.00
Principal Basic AD&D	Coverage \$50,000	\$0.00
Principal Voluntary Life & AD&D Purchased in \$10,000 Increments to \$300,000 maximum. - Proof of Good Health Required over \$100,000 for employee - Proof of Good Health Required over \$25,000 for spouse	Age	Price per \$10,000
	29 & Under	\$0.32
	30 - 34	\$0.35
	35 - 39	\$0.46
	40 - 44	\$0.67
	45 - 49	\$1.08
	50 - 54	\$1.66
	55 - 59	\$2.51
	60 - 64	\$3.83
	65 - 69	\$6.15
70 & over	\$10.13	
Principal Voluntary Life - Child(ren)	Incremental Amount	Weekly Cost
	\$2,500	\$0.12
	\$5,000	\$0.23
	\$7,500	\$0.35
	\$10,000	\$0.46

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Benefit Plan (cont.)		Employees
Frequency of Deduction		Weekly
Principal Short Term Disability	60% of income to \$1,000/wk	\$0.00
Principal Long Term Disability	60% of income to \$10,000/mo	\$0.00
Principal 24-hour Accident	Member Only	\$0.00
	Member + Child(ren)	\$1.52
	Member + Spouse	\$2.54
	Member + Family	\$6.04
Principal Critical Illness Employees choose benefit in increments of \$5,000 to \$50,000 max Spouse choose benefit in increments of \$2,500 to \$25,000 max *Child(ren) default to \$2,500 benefit at \$0.17 per week **No Proof of Good health required for Members up to \$10,000; Spouse up to \$5,000.	Age	Price per \$1,000
	24 & Under	\$0.12
	25 - 29	\$0.14
	30 - 34	\$0.17
	35 - 39	\$0.22
	40 - 44	\$0.30
	45 - 49	\$0.50
	50 - 54	\$0.79
	55 - 59	\$1.19
	60 - 64	\$1.90
65 - 69	\$2.49	
70 & over	\$3.39	

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