2020 Medical, Dental and Vision Rates

2020 Medical Rates	22 Pay Periods (Bi-Weekly)	24 Pay Periods (Bi-Monthly)	26 Pay Periods (Bi-Weekly)
Employee Only	$103.37	$94.75	$87.46
Employee + Spouse	$206.60	$189.39	$174.82
Employee + Child(ren)	$165.33	$151.56	$139.90
Employee + Family	$245.96	$225.46	$208.12

2020 Dental Rates	22 Pay Periods (Bi-Weekly)	24 Pay Periods (Bi-Monthly)	26 Pay Periods (Bi-Weekly)
Employee Only	$4.62	$4.23	$3.91
Employee + Spouse	$9.69	$8.89	$8.20
Employee + Child(ren)	$9.23	$8.46	$7.81
Employee + Family	$11.08	$10.16	$9.38

2020 Vision Rates	22 Pay Periods (Bi-Weekly)	24 Pay Periods (Bi-Monthly)	26 Pay Periods (Bi-Weekly)
Employee Only	$3.00	$2.75	$2.54
Employee + Spouse	$5.71	$5.23	$4.83
Employee + Child(ren)	$6.01	$5.51	$5.08
Employee + Family	$8.83	$8.09	$7.47

Children - all ages to 26

2020 Supplemental Insurance Rates

Voluntary Short Term Disability (Employee only)	
Age band	**Monthly rate**
Under Age 25	$0.846
25-29	$0.846
30-34	$0.846
35-39	$0.846
40-44	$1.064
45-49	$1.064
50- 54	$1.345
55-59	$1.345
60-64	$1.378
65-69	$0.761
70 and over	$0.761

*** Rate basis: Per $10 of weekly benefit**

Calculating your monthly Short-term Disability Premium

Multiple your weekly salary by .60 (60%). Divide that number by ten (10); and multiple that number by the rate associated with your age band.

Voluntary Life + AD&D			
Age band	**Employee**	**Spouse (through age 69)**	**Children (through age 26)**
Under age 20	$0.074	$0.104	$0.206 All ages to 26
20- 24	$0.074	$0.104	
25-29	$0.074	$0.104	
30- 34	$0.074	$0.104	
35-39	$0.092	$0.121	
40-44	$0.127	$0.158	
45-49	$0.194	$0.241	
50- 54	$0.269	$0.341	
55-59	$0.413	$0.526	
60-64	$0.622	$0.795	
65-69	$0.944	$1.154	
70-74	$1.831	N/A	
75-79	$3.956	N/A	
80-84	$7.968	N/A	
85 and over	$16.083	N/A	

***Rate basis: Per $1,000 of volume**

Calculating your monthly Voluntary Life AD&D Premium

Divide the amount of voluntary life & AD&D insurance you are electing by $1,000 and multiple that number by the rate associated with your age.

2020 Supplemental Insurance Rates (Cont.)

Accident Plan	Low	High
Employee Only	$10.14	$13.57
Employee and Spouse	$15.46	$21.85
Employee and Children	$16.90	$24.67
Employee and Family	$22.22	$32.95

No calculations are necessary. There are two rates available.

Specified Disease	Employee		Spouse		Child
Age band	Non-Tobacco Monthly rate	Tobacco Monthly rate	Non- Tobacco Monly Rate	Tobacco Monthly rate	Monly rate
Under age 25	$0.26	$0.27	$0.26	$0.27	$0.41 All aged through 26
25-29	$0.30	$0.31	$0.30	$0.31	
30- 34	$0.37	$0.43	$0.37	$0.43	
35-39	$0.51	$0.65	$0.51	$0.65	
40-44	$0.76	$1.09	$0.76	$1.09	
45-49	$1.15	$1.84	$1.15	$1.84	
50- 54	$1.67	$2.89	$1.67	$2.89	
55-59	$2.35	$4.34	$2.35	$4.34	
60-64	$3.31	$6.45	$3.31	$6.45	
65-69	$4.60	$9.38	$4.60	$9.38	
70-74	$6.50	$12.96	$6.50	$12.96	
75 and over	$9.51	$16.98	$9.51	$16.98	

*** Rate basis: Per $1,000 of volume**

Calculating your monthly Voluntary Specifies Disease insurance

Divide the amount of voluntary specified disease insurance you are electing by $1,000 and multiple by the rate associated with your age band and tobacco status.