## **Monthly Rates**

Monthly Rates	Total Monthly Employer Premium	Total Monthly Employee Premium	Total Semi-Monthly Employee Premium
Aetna PPO Plan - High	Linployer Fremum	Linployee Fremum	Employee Fremum
Employee Only	\$897.08	\$50.00	\$25.00
Employee & Spouse	\$1,035.33	\$480.00	\$240.00
Employee & Child(ren)	\$1,003.80	\$360.00	\$180.00
Employee & Family	\$1,142.05	\$790.00	\$395.00
Aetna HDHP- Base			
Employee Only	\$787.76	\$30.00	\$15.00
Employee & Spouse	\$851.17	\$400.00	\$200.00
Employee & Child(ren)	\$832.50	\$296.00	\$148.00
Employee & Family	\$906.45	\$680.00	\$340.00
Note: Employees enrolled in the HDHP	will receive a \$20 HSA Monthly Co	ntribution.	
<b>BCBS - Dental Plan</b>			
Employee Only	\$35.58	\$0.00	\$0.00
Employee & Spouse	\$35.58	\$41.47	\$20.74
Employee & Child(ren)	\$35.58	\$65.78	\$32.89
Employee & Family	\$35.58	\$105.00	\$52.50
Aetna - Vision Plan			
Employee Only	\$0.00	\$4.92	\$2.46
Employee & Spouse	\$0.00	\$9.34	\$4.67
Employee & Child(ren)	\$0.00	\$9.82	\$4.91
Employee & Family	\$0.00	\$14.46	\$7.23

## **Securian - Voluntary Life**

Employee / Spouse Age	Rate per \$1,000
< 25	\$0.07
25 - 29	\$0.07
30 - 34	\$0.09
35 - 39	\$0.09
40 - 44	\$0.15
45 - 49	\$0.25
50 - 54	\$0.45
55 - 59	\$0.75
60 - 64	\$0.83
65 - 69	\$1.63
70 - 74	\$2.97
75	\$2.97

## **Securian - Voluntary Child Life**

\$5,000	\$0.43
\$10,000	\$0.86

## Securian - Voluntary AD&D

Employee Only	\$0.035 per \$1,000
Employee & Family	\$0.060 per \$1,000

<sup>\*</sup>Spouse rates are based on employee's age.