

Medical and Prescription (Monthly Rates)

Core Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$558.00	\$67.00	\$625.00	\$637.50	
Individual + Spouse/Domestic Partner	\$558.00	\$695.00	\$1253.00	\$1278.06	
Individual + Child(ren)	\$558.00	\$695.00	\$1253.00	\$1278.06	
Individual + Family	\$558.00	\$1197.00	\$1755.00	\$1790.10	
Copay Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$558.00	\$0.00	\$558.00	\$569.16	
Individual + Spouse/Domestic Partner	\$558.00	\$556.00	\$1114.00	\$1136.28	
Individual + Child(ren)	\$558.00	\$556.00	\$1114.00	\$1136.28	
Individual + Family	\$558.00	\$1003.00	\$1561.00	\$1592.22	
1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA	
Individual	\$531.00	\$0.00	\$531.00	\$541.62	
Individual + Spouse/Domestic Partner	\$531.00	\$535.00	\$1066.00	\$1087.32	
Individual + Child(ren)	\$531.00	\$535.00	\$1066.00	\$1087.32	
Individual + Family	\$531.00	\$961.00	\$1492.00	\$1521.84	
1,600 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$492.00	\$0.00	\$492.00	\$501.84	\$780.00
Individual + Spouse/Domestic Partner	\$492.00	\$495.00	\$987.00	\$1006.74	\$780.00
Individual + Child(ren)	\$492.00	\$495.00	\$987.00	\$1006.74	\$780.00
Individual + Family	\$492.00	\$891.00	\$1383.00	\$1410.66	\$780.00
2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$477.00	\$0.00	\$477.00	\$486.54	\$960.00
Individual + Spouse/Domestic Partner	\$477.00	\$474.00	\$951.00	\$970.02	\$960.00
Individual + Child(ren)	\$477.00	\$474.00	\$951.00	\$970.02	\$960.00
Individual + Family	\$477.00	\$855.00	\$1332.00	\$1358.64	\$960.00

Dental - Delta Dental (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$43.00	\$43.00	\$43.86
Individual + Spouse/Domestic Partner	\$0.00	\$88.00	\$88.00	\$89.76
Individual + Child(ren)	\$0.00	\$73.00	\$73.00	\$74.46
Individual + Family	\$0.00	\$113.00	\$113.00	\$115.26

Prepaid Dental - TDA (Monthly Rates)

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$10.40	\$10.40	\$10.61
Individual + Spouse/Domestic Partner	\$0.00	\$20.80	\$20.80	\$21.22
Individual + Child(ren)	\$0.00	\$22.88	\$22.88	\$23.34
Individual + Family	\$0.00	\$26.00	\$26.00	\$26.52

Vision (Monthly Rates)

Vision	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$7.19	\$7.19	\$7.33
Individual + Spouse/Domestic Partner	\$0.00	\$14.39	\$14.39	\$14.68
Individual + Child(ren)	\$0.00	\$15.39	\$15.39	\$15.70
Individual + Family	\$0.00	\$24.60	\$24.60	\$25.09

Optional Notes:

*The amount shown above is your annual employer HSA contribution.

See attached for all other ancillary products.

Ancillary Rates

BENEFIT		PROVIDER
Basic Life (Includes AD&D)		MetLife
Monthly Rates		
Employer paid		Cost Per \$50,000 \$5.20

BENEFIT		PROVIDER	
Supplemental Life (Includes AD&D)		MetLife	
Monthly Rates			
Age	Cost per \$1,000	Age	Cost per \$1,000
Under age 30	\$0.067	50-54	\$0.225
30-34	\$0.086	55-59	\$0.411
35-39	\$0.095	60-64	\$0.625
40-44	\$0.119	65-69	\$1.192
45-49	\$0.151	70+	\$2.470
Child	\$0.152		

BENEFIT		PROVIDER
Short Term Disability		MetLife
Monthly Rates		
Age	Per \$10 weekly benefit	
<45	\$0.345	
45-49	\$0.424	
50-54	\$0.530	
55-59	\$0.645	
60-64	\$0.769	
65+	\$0.919	

BENEFIT		PROVIDER
Prepaid Legal Program		MetLife (Hyatt Legal)
Monthly Rates		
High Plan	\$14.50	Covers employees looking for more robust coverage
Low Plan	\$7.00	Covers employees looking for a lower cost alternative

BENEFIT		PROVIDER
Worksite Benefits (Hospital Indemnity)		MetLife
Monthly Rates		
Employee:	\$14.60	
Employee + Spouse:	\$26.96	
Employee + Child(ren):	\$22.76	
Family:	\$35.12	

BENEFIT		PROVIDER		
Worksite Benefits (Critical Illness)		MetLife		
Monthly Premium for \$1,000 of Coverage				
Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children
<25	\$0.20	\$0.34	\$0.20	\$0.34
25-29	\$0.21	\$0.37	\$0.21	\$0.37
30-34	\$0.30	\$0.51	\$0.30	\$0.51
35-39	\$0.42	\$0.71	\$0.42	\$0.71



Osborn Elementary School District No. 8
Effective July 1, 2024 through June 30, 2025

40-44	\$0.64	\$1.06	\$0.64	\$1.06
45-49	\$0.95	\$1.58	\$0.95	\$1.58
50-54	\$1.35	\$2.27	\$1.35	\$2.27
55-59	\$1.87	\$3.17	\$1.87	\$3.17
60-64	\$2.69	\$4.60	\$2.69	\$4.60
65-69	\$4.03	\$6.90	\$4.03	\$6.90
70+	\$6.25	\$10.46	\$6.25	\$10.46

BENEFIT	PROVIDER
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Worksite Benefits (Accident)	MetLife
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Monthly Rates

Employee:	\$12.48
Employee + Spouse:	\$25.34
Employee + Child(ren):	\$25.81
Family:	\$32.31

Upon selection, a more comprehensive overview of the benefits will be provided. If you have any questions, please contact your member advocate at 888.331.0222.