

**Medical and Prescription (Monthly Rates)**

Core Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$531.00	\$64.00	\$595.00	\$606.90
Individual + Spouse/Domestic Partner	\$531.00	\$662.00	\$1193.00	\$1216.86
Individual + Child(ren)	\$531.00	\$662.00	\$1193.00	\$1216.86
Individual + Family	\$531.00	\$1140.00	\$1671.00	\$1704.42

Copay Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$531.00	\$0.00	\$531.00	\$541.62
Individual + Spouse/Domestic Partner	\$531.00	\$530.00	\$1061.00	\$1082.22
Individual + Child(ren)	\$531.00	\$530.00	\$1061.00	\$1082.22
Individual + Family	\$531.00	\$956.00	\$1487.00	\$1516.74

1,200 PPO Plan	Employer Pays	You Pay	Total	COBRA
Individual	\$506.00	\$0.00	\$506.00	\$516.12
Individual + Spouse/Domestic Partner	\$506.00	\$509.00	\$1015.00	\$1035.30
Individual + Child(ren)	\$506.00	\$509.00	\$1015.00	\$1035.30
Individual + Family	\$506.00	\$915.00	\$1421.00	\$1449.42

1,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$469.00	\$0.00	\$469.00	\$478.38	\$720.00
Individual + Spouse/Domestic Partner	\$469.00	\$471.00	\$940.00	\$958.80	\$720.00
Individual + Child(ren)	\$469.00	\$471.00	\$940.00	\$958.80	\$720.00
Individual + Family	\$469.00	\$848.00	\$1317.00	\$1343.34	\$720.00

2,500 HDHP	Employer Pays	You Pay	Total	COBRA	Employer HSA Contribution *
Individual	\$454.00	\$0.00	\$454.00	\$463.08	\$900.00
Individual + Spouse/Domestic Partner	\$454.00	\$452.00	\$906.00	\$924.12	\$900.00
Individual + Child(ren)	\$454.00	\$452.00	\$906.00	\$924.12	\$900.00
Individual + Family	\$454.00	\$815.00	\$1269.00	\$1294.38	\$900.00

**Dental - Delta Dental (Monthly Rates)**

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$42.00	\$42.00	\$42.84
Individual + Spouse/Domestic Partner	\$0.00	\$85.00	\$85.00	\$86.70
Individual + Child(ren)	\$0.00	\$71.00	\$71.00	\$72.42
Individual + Family	\$0.00	\$110.00	\$110.00	\$112.20

**Prepaid Dental - TDA (Monthly Rates)**

Dental	Employer Pays	You Pay	Total	COBRA
Individual	\$0.00	\$10.00	\$10.00	\$10.20
Individual + Spouse/Domestic Partner	\$0.00	\$20.00	\$20.00	\$20.40
Individual + Child(ren)	\$0.00	\$22.00	\$22.00	\$22.44
Individual + Family	\$0.00	\$25.00	\$25.00	\$25.50

**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	
<b>Basic Life (Includes AD&amp;D)</b>		<b>MetLife</b>	
<b>Monthly Rates</b>			
Employer paid		Cost Per \$50,000	
		\$5.20	
BENEFIT		PROVIDER	
<b>Supplemental Life (Includes AD&amp;D)</b>		<b>MetLife</b>	
<b>Monthly Rates</b>			
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	
<b>Short Term Disability</b>		<b>MetLife</b>	
<b>Monthly Rates</b>			
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		



Osborn Elementary School District No. 8  
 Effective July 1, 2023 through June 30, 2024

**Active Full-Time**

BENEFIT		PROVIDER			
<b>Worksite Benefits (Hospital Indemnity)</b>		<b>MetLife</b>			
<b>Monthly Rates</b>					
Employee:	\$14.60				
Employee + Spouse:	\$26.96				
Employee + Child(ren):	\$22.76				
Family:	\$35.12				
BENEFIT		PROVIDER			
<b>Worksite Benefits (Critical Illness)</b>		<b>MetLife</b>			
<b>Monthly Premium for \$1,000 of Coverage</b>					
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	
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			
<b>Worksite Benefits (Accident)</b>		<b>MetLife</b>			
<b>Monthly Rates</b>					
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.