



## 2023 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE MEDICAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	LOW DEDUCTIBLE		HIGH DEDUCTIBLE
EMPLOYEE ONLY	(12) Monthly \$75.00 (24) Bi-Weekly \$37.50	(12) Monthly \$-0- (24) Bi-Weekly \$-0-	
EMPLOYEE & SPOUSE	(12) Monthly \$220.00 (24) Bi-Weekly \$110.00	(12) Monthly \$80.00 (24) Bi-Weekly \$40.00	
EMPLOYEE & CHILD/CHILDREN	(12) Monthly \$210.00 (24) Bi-Weekly \$105.00	(12) Monthly \$70.00 (24) Bi-Weekly \$35.00	
EMPLOYEE & FAMILY	(12) Monthly \$355.00 (24) Bi-Weekly \$177.50	(12) Monthly \$150.00 (24) Bi-Weekly \$75.00	

  

ACTIVE FULL-TIME EMPLOYEE DENTAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	DHMO	PPO LOW PLAN	PPO HIGH PLAN
EMPLOYEE ONLY	(12) Monthly \$11.67 (24) Bi-Weekly \$5.81	(12) Monthly \$19.49 (24) Bi-Weekly \$9.75	(12) Monthly \$56.60 (24) Bi-Weekly \$28.30
EMPLOYEE & 1 DEP	(12) Monthly \$23.34 (24) Bi-Weekly \$11.67	(12) Monthly \$38.71 (24) Bi-Weekly \$19.36	(12) Monthly \$85.15 (24) Bi-Weekly \$42.58
EMPLOYEE & FAMILY	(12) Monthly \$33.95 (24) Bi-Weekly \$16.98	(12) Monthly \$57.17 (24) Bi-Weekly \$28.59	(12) Monthly \$147.53 (24) Bi-Weekly \$73.77

  

ACTIVE FULL-TIME EMPLOYEE VISION PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES		
COVERAGE ELECTION	LOW PLAN (12/12/24)	HIGH PLAN (12/12/12)
EMPLOYEE ONLY	(12) Monthly \$6.94 (24) Bi-Weekly \$3.47	(12) Monthly \$9.21 (24) Bi-Weekly \$4.61
EMPLOYEE + FAMILY	(12) Monthly \$17.47 (24) Bi-Weekly \$8.74	(12) Monthly \$20.74 (24) Bi-Weekly \$10.37

  

Active Full-Time Employee Disability Plan(s) Rates			
Weekly Benefit	Up to \$2000 a week	Benefits are tax free to the employee	
Employee:	Weekly Benefit:	Elimination Period:	Maximum Benefit :
Option	Percentage	Injury/Sickness	Duration
Choice 1	50%	30/30 days	9 weeks
Choice 2	60%	14/14 days	11 weeks
Choice 3	66.6667%	0/7 days	13 weeks

Rates are based on: Employee age, salary and benefit selected. Employees that do not enroll when first eligible can apply during annual enrollments based EOI form.



## 2023 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE LIFE INSURANCE RATES (12) MONTHLY / (24) BI-WEEKLY RATES	
<b>Basic Group Term Life &amp; Accidental Death &amp; Dismemberment</b> (Employer paid) \$20,000. - To age 70 \$13,000. - 35% coverage reduction @ age 70 thru 74 \$10,000. - 50% coverage reduction @ age 75 & older **For eligible full-time employees only**	<b>\$ -0- (Employer Paid)</b>
<b>Basic Dependent Term Life / Life Coverage only, no AD&amp;D</b> Spouse-\$2,000    Child- \$1,000	<b>(12) Monthly \$0.62 (24) Bi-Weekly \$0.31</b>
<b>Voluntary Term Life Coverage / Life coverage only, no AD&amp;D</b> age 30 and under    \$ .09    Rate X \$1,000 of Salary 31-39    \$ .14    Rate X \$1,000 of Salary 40-45    \$ .23    Rate X \$1,000 of Salary 46-50    \$ .38    Rate X \$1,000 of Salary 51-55    \$ .61    Rate X \$1,000 of Salary 56-60    \$ .97    Rate X \$1,000 of Salary 61-65    \$ 1.39    Rate X \$1,000 of Salary 66-69    \$ 2.29    Rate X \$1,000 of Salary * 70 +    \$ 3.63    Rate X \$1,000 of Salary * 35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	Coverage is based on age range & coverage selection. The maximum amount offered is the lesser of 5x annual salary or \$5000.
<b>Dependent Spouse Life</b> Based on age range of employee and selected amount (Cannot exceed 50% of employee benefit selection) Eligible to increase in increments of \$5k	When first eligible a dependent spouse is guaranteed insurability up to \$25k ( no EOI)
<b>Dependent Child/ren Life</b> Newborns to 15 days old will be covered for \$1000 16 days and older will be covered for \$10k	When first eligible a dependent child/ren is guaranteed insurability with no EOI
ACTIVE FULL-TIME EMPLOYEE CRITICAL ILLNESS	
Eligible Individuals	Benefit Amount
Employee	\$10k, \$20k, \$30k, \$40k and \$50k
Spouse	50% of the employee initial benefit
Child(ren)	50% of the employee initial benefit
Rates are based on age of the employee and amount of coverage selection. No EOI Required	

ACTIVE FULL-TIME EMPLOYEE ACCIDENT INSURANCE	
Eligibility	Bi-Weekly Rate
Employee	\$3.70
Employee + Spouse	\$7.27
Employee + Child/Children	\$8.75
Employee + Family	\$10.32
No EOI Required	



## 2023 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN PARTICIPATION FEES (12) MONTHLY / (24) BI-WEEKLY RATES	
PREMIUM ACCOUNT	(12) Monthly \$0.85 (Employer Paid) (24) Bi-Weekly \$0.43 (Employer Paid)
FLEXIBLE SPENDING ACCOUNT (BENNY CARD)	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88

I.R.S. SECTION 457 OPTIONAL DEFERRED COMPENSATION PLAN FULL-TIME ACTIVE EMPLOYEES
CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE THROUGH PAYROLL DEDUCTION ACROSS ALL PAY PERIODS IN THE CALENDAR YEAR

SHORT TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions			
EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
LONG TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions			
EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit

EMPLOYEE ASSISTANCE PROGRAM (ACTIVE FULL-TIME EMPLOYEES AND RETIREES PARTICIPATING IN MEDICAL PLAN)	
8 Visits per issue	\$ -0- (Employer Paid)

COBRA MEDICAL COVERAGE Effective 1.01.2023 MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$1420.80	\$1345.81
EMPLOYEE + SPOUSE	\$1640.81	\$1425.81
SPOUSE ONLY	\$1439.38	\$1319.14
EMPLOYEE + CHILD/CHILDREN	\$1630.81	\$1415.81
CHILD/CHILDREN ONLY	\$1521.78	\$1479.54
EMPLOYEE + FAMILY	\$1955.81	\$1495.81
FAMILY ONLY	\$1682.05	\$1456.81

**SEE NEXT PAGE FOR RETIREE MEDICAL PLAN RATES**



## 2023 RETIREE MEDICAL PLAN RATES

<b>RETIREE MEDICAL PLAN RATES (QUALIFIES UNDER 15 OR 25 YR REQUIREMENTS)</b>		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$76.00	\$0-
EMPLOYEE & SPOUSE	\$224.00	\$81.00
EMPLOYEE & CHILD/CHILDREN	\$213.00	\$71.00
EMPLOYEE & FAMILY	\$361.00	\$152.00

<b>RETIREE MEDICAL PLAN RATES (DOES NOT QUALIFY UNDER 15 OR 25 YR REQUIREMENTS)</b>		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$1070.00	\$886.00
EMPLOYEE & SPOUSE	\$1301.00	\$1012.00
EMPLOYEE & CHILD/CHILDREN	\$1285.00	\$996.00
EMPLOYEE & FAMILY	\$1515.00	\$1123.00