

## Medical Insurance

Provided by EBMS

Plan	Non Tobacco Users	Employee and/or Dependent Tobacco User
Employee Only	\$51.63	\$97.78
Employee & Children	\$95.83	\$141.98
Employee & Spouse	\$166.58	\$212.73
Family	\$226.97	\$273.12

\* tobacco is defined as any nicotine absorbed product

## Dental Insurance

Provided by EBMS

Employee Only	\$21.08
Employee & Family	\$48.52

## Vision Insurance

Provided by EyeMed

Employee Only	\$3.29
Employee & Family	\$8.67

## Pharmacy Plan

Filled through WeCare or another retail Pharmacy

30-Day Supply	Tier 1 Preferred Generics	Tier 2 Preferred Brands	Tier 3 Non-Preferred Generics & Brands	Tier 3 Non-Covered Drugs at Discounted Rate
WeCare Campus Clinic	No Charge Please check with the clinic to see if your prescription is available through them.		Not Available	Not Available
Preferred Pharmacies <i>(All those that are not listed as "non-preferred")</i>	\$15 copay (90-day supply \$45)	\$50 copay (90-day supply \$150)	\$100 copay (90-day supply \$300)	Member Pays 100% of Discounted Price after Manufacturer Assistance
Non-Preferred Pharmacy <i>(CVS, Rite-Aid, Sams, Target, Walgreens &amp; Walmart)</i>	\$35 copay	\$70 copay	\$120 copay	Member Pays 100% of Discounted Price after Manufacturer Assistance

## Supplemental Group Life Insurance

Provided by The Standard

Age	Rate per \$10,000	Age	Rate per \$10,000
less than 35	\$0.323	55 - 59	\$3.738
35 - 39	\$0.508	60 - 64	\$5.862
40 - 44	\$0.854	65 - 69	\$9.277
45 - 49	\$1.246	70 - 74	\$14.815
50 - 54	\$2.169	75 & Over	\$14.815

## Disability

Provided by The Standard

### SHORT-TERM

Age	Rate per \$10 weekly benefit
under 35	\$0.222
35 - 39	\$0.231
40 - 44	\$0.309
45 - 49	\$0.351
50 - 54	\$0.429
55 - 59	\$0.526
60 - 64	\$0.655
65 - 69	\$0.766
over 70	\$0.808

### LONG-TERM

Age	Rate per \$100 monthly benefit
under 30	\$0.074
30 - 34	\$0.125
35 - 39	\$0.175
40 - 44	\$0.291
45 - 49	\$0.429
50 - 54	\$0.535
55 - 59	\$0.734
60 - 64	\$0.549
65 - 69	\$0.826
over 70	\$0.545

## Dependent Group Life Insurance

Provided by The Standard

Spouse & Child Amount	Rate per Family
\$5,000	\$0.47
\$10,000	\$0.93

### AirEvac

Provided by AirMedCare

Semi-Monthly

Employee & household	\$2.50
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### Cancer Insurance

Provided by AFLAC

Plan	Option 1	Option 2
Individual	\$10.40	\$18.21
One Parent Family	\$10.82	\$18.63
Employee & Spouse	\$18.65	\$33.09
Two Parent Family	\$19.07	\$33.51

### Critical Illness

Provided by The Standard

Premier Plan	\$5,000 Non Tobacco	\$5,000 Tobacco
Under 30	\$1.68	\$2.17
30 - 39	\$2.79	\$4.20
40 - 49	\$4.68	\$8.15
50 - 59	\$9.12	\$17.91
60 - 70	\$16.66	\$34.73

For \$10,000 use 2x the above rate, for \$20,000 use 4x the above rate.

### Accident Insurance

Provided by AFLAC

Plan	Accident, Off the Job, Option 3
Employee Only	\$9.12
One Parent Family	\$15.18
Two Parent Family	\$19.74
Employee & Spouse	\$12.96

### Hospital Indemnity

Provided by The Standard

Coverage	Biweekly Rate
Employee Only	\$7.68
Employee & Spouse	\$13.13
Employee & Children	\$11.02
Family	\$19.51

### Whole Life

Provided by UNUM

Non-Tobacco Sample Rates	\$25,000 Lifetime Payments	\$25,000 Paid Up at 70
Issue age 25	\$8.38	\$9.84
Issue age 35	\$12.88	\$15.52
Issue age 45	\$21.60	\$27.86