

RATES

2023 Employee Contributions

January 1, 2023- December 31, 2023



Your contributions toward the cost of medical, dental, vision and voluntary Guardian coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Monthly)					
	Cigna Open Access Plus (OAP)		Cigna Choice Fund (HDHP) w/ HSA		Cigna One Health (HMO) <small>(available in Illinois and Northern Indiana)</small>	
	Wellness	Non-Wellness	Wellness	Non-Wellness	Wellness	Non-Wellness
Employee Only	\$128.35	\$143.35	\$103.90	\$118.90	\$96.75	\$111.75
Employee + Spouse	\$279.35	\$304.35	\$226.65	\$251.65	\$215.05 <small>(EE+1)</small>	\$240.05 <small>(EE+1)</small>
Employee + Child(ren)	\$273.90	\$298.90	\$221.70	\$246.70	N/A	N/A
Family	\$458.80	\$493.80	\$371.35	\$406.35	\$363.15	\$398.15

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Monthly)	
	Cigna Dental PPO	Cigna Dental HMO
Employee Only	\$14.05	\$10.10
Employee + 1	\$29.00	\$20.45
Family	\$44.40	\$29.90

VISION COVERAGE

Coverage Tier	Employee Contribution (Monthly)
	Eye Med Vision Plan
Employee Only	\$5.04
Employee + Spouse	\$9.58
Employee + Child(ren)	\$10.08
Family	\$14.82

EMPLOYEE LIFE COVERAGE

Coverage Tier	Employee Contribution (Monthly)	
	Coverage	Cost
Employee Basic Life & AD&D	\$25K	\$0

Optional Supplemental Life Options

Employee Supplemental Life & AD&D	Up to \$500K	Age-based (see page 2)
Spouse Optional Life & AD&D	Up to \$100K	Age-based(see page 2)
Dependent Child(ren) Life	\$10,000	\$0.94

Optional Accidental Death & Dismemberment Life Options

Employee AD&D	Up to \$500K	Age-based (see page 3)
Family AD&D	Up to \$500K	Age-based (see page 3)

Optional Employee Supplemental Life Insurance (Monthly)

Emp Age	Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$100K	\$150K	\$250K	\$350K	\$500K
<25	\$0.044	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$4.40	\$6.60	\$11.00	\$15.40	\$22.00
25-29	\$0.046	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$4.60	\$6.90	\$11.50	\$16.10	\$23.00
30-34	\$0.062	\$0.62	\$1.24	\$1.86	\$2.48	\$3.10	\$6.20	\$9.30	\$15.50	\$21.70	\$31.00
35-39	\$0.079	\$0.79	\$1.58	\$2.37	\$3.16	\$3.95	\$7.90	\$11.85	\$19.75	\$27.65	\$39.50
40-44	\$0.095	\$0.95	\$1.90	\$2.85	\$3.80	\$4.75	\$9.50	\$14.25	\$23.75	\$33.25	\$47.50
45-49	\$0.142	\$1.42	\$2.84	\$4.26	\$5.68	\$7.10	\$14.20	\$21.30	\$35.50	\$49.70	\$71.00
50-54	\$0.230	\$2.30	\$4.60	\$6.90	\$9.20	\$11.50	\$23.00	\$34.50	\$57.50	\$80.50	\$115.00
55-59	\$0.416	\$4.16	\$8.32	\$12.48	\$16.64	\$20.80	\$41.60	\$62.40	\$104.00	\$145.60	\$208.00
60-64	\$0.582	\$5.82	\$11.64	\$17.46	\$23.28	\$29.10	\$58.20	\$87.30	\$145.50	\$203.70	\$291.00
65-69	\$1.100	\$11.00	\$22.00	\$33.00	\$44.00	\$55.00	\$110.00	\$165.00	\$275.00	\$385.00	\$550.00
70+	\$1.782	\$17.82	\$35.64	\$53.46	\$71.28	\$89.10	\$178.20	\$267.30	\$445.50	\$623.70	\$891.00

Optional Spouse Supplemental Life Insurance (Monthly)

Emp Age	Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$60K	\$70K	\$80K	\$90K	\$100K
<25	\$0.04	\$0.44	\$0.88	\$1.32	\$1.76	\$2.20	\$2.64	\$3.08	\$3.52	\$3.96	\$4.40
25-29	\$0.05	\$0.52	\$1.04	\$1.56	\$2.08	\$2.60	\$3.12	\$3.64	\$4.16	\$4.68	\$5.20
30-34	\$0.07	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
35-39	\$0.08	\$0.81	\$1.62	\$2.43	\$3.24	\$4.05	\$4.86	\$5.67	\$6.48	\$7.29	\$8.10
40-44	\$0.10	\$1.04	\$2.08	\$3.12	\$4.16	\$5.20	\$6.24	\$7.28	\$8.32	\$9.36	\$10.40

45-49	\$0.14	\$1.42	\$2.84	\$4.26	\$5.68	\$7.10	\$8.52	\$9.94	\$11.36	\$12.78	\$14.20
50-54	\$0.25	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
55-59	\$0.40	\$3.96	\$7.92	\$11.88	\$15.84	\$19.80	\$23.76	\$27.72	\$31.68	\$35.64	\$39.60
60-64	\$0.68	\$6.82	\$13.64	\$20.46	\$27.28	\$34.10	\$40.92	\$47.74	\$54.56	\$61.38	\$68.20
65-69	\$1.19	\$11.89	\$23.78	\$35.67	\$47.56	\$59.45	\$71.34	\$83.23	\$95.12	\$107.01	\$118.90
70+	\$1.93	\$19.31	\$38.62	\$57.93	\$77.24	\$96.55	\$115.86	\$135.17	\$154.48	\$173.79	\$193.10

Optional Accidental Death & Dismemberment Life Insurance (Monthly)

Employee Only (If employee dies by accident beneficiary receives insured amount)

Employee Supplemental Life & AD&D

Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$100K	\$150K	\$250K	\$350K	\$500K
\$0.021	\$0.21	\$0.42	\$0.63	\$0.84	\$1.05	\$2.10	\$3.15	\$5.25	\$7.35	\$10.50

Family (If spouse or child dies employee receives amounts listed below)

Family Supplemental Life & AD&D

Rate	\$10K	\$20K	\$30K	\$40K	\$50K	\$100K	\$150K	\$250K	\$350K	\$500K
\$0.028	\$0.28	\$0.56	\$0.84	\$1.12	\$1.40	\$2.80	\$4.20	\$7.00	\$9.80	\$14.00

Spouse Only Coverage:

Employee will receive 50% of insured amount in the event that spouse dies by accident.

Child Only Coverage:

Employee will receive 15% of insured amount in the event that the child dies by accident.

Spouse and Child Coverage:

Employee will receive 40% of insured amount in the event that spouse dies by accident; Employee will receive 10% of insured amount in the event that child dies by accident

ADDITIONAL VOLUNTARY COVERAGE

Coverage Tier	Employee Contribution (Monthly)		
	Accident Insurance	Hospital Indemnity	Critical Illness
Employee Only	\$12.66	\$22.36	Age Based (See page 4)
Employee+ Spouse	\$20.38	\$47.00	Age Based (See page 4)
Employee + Child(ren)	\$21.38	\$34.20	N/A (Children covered on emp plan)
Family	\$29.10	\$58.84	N/A

Employee Critical Illness Coverage (Monthly)

Emp Age		\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
<30	Non-Tobacco	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
	Tobacco	\$5.06	\$10.10	\$15.16	\$20.20	\$25.26	\$30.30
30-39	Non-Tobacco	\$3.50	\$7.00	\$10.50	\$14.00	\$17.50	\$21.00
	Tobacco	\$6.70	\$13.40	\$20.10	\$26.80	\$33.50	\$40.20
40-49	Non-Tobacco	\$5.80	\$11.60	\$17.40	\$23.20	\$29.00	\$34.80
	Tobacco	\$13.50	\$27.00	\$40.50	\$54.00	\$67.50	\$81.00
50-59	Non-Tobacco	\$10.70	\$21.40	\$32.10	\$42.80	\$53.50	\$64.20
	Tobacco	\$29.66	\$59.30	\$88.96	\$118.60	\$148.26	\$177.90
60-69	Non-Tobacco	\$19.16	\$38.30	\$57.46	\$76.60	\$95.76	\$114.90
	Tobacco	\$59.60	\$119.20	\$178.80	\$238.40	\$298.00	\$357.60
70+	Non-Tobacco	\$37.26	\$74.50	\$111.76	\$149.00	\$186.26	\$223.50
	Tobacco	\$113.06	\$226.10	\$339.16	\$452.20	\$565.26	\$678.30

Spouse Critical Illness Coverage (Monthly)

Emp Age		\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	\$15,000
<30	Non-Tobacco	\$1.46	\$2.90	\$4.36	\$5.80	\$7.26	\$8.70
	Tobacco	\$2.54	\$5.06	\$7.58	\$10.10	\$12.64	\$15.16
30-39	Non-Tobacco	\$1.76	\$3.50	\$5.26	\$7.00	\$8.76	\$10.50
	Tobacco	\$3.36	\$6.70	\$10.06	\$13.40	\$16.76	\$20.10
40-49	Non-Tobacco	\$2.90	\$5.80	\$8.70	\$11.60	\$14.50	\$17.40
	Tobacco	\$6.76	\$13.50	\$20.26	\$27.00	\$33.76	\$40.50
50-59	Non-Tobacco	\$5.36	\$10.70	\$16.06	\$21.40	\$26.76	\$32.10
	Tobacco	\$14.84	\$29.66	\$44.48	\$59.30	\$74.14	\$88.96
60-69	Non-Tobacco	\$9.58	\$19.16	\$28.74	\$38.30	\$47.88	\$57.46
	Tobacco	\$29.80	\$59.60	\$89.40	\$119.20	\$149.00	\$178.80
70+	Non-Tobacco	\$18.64	\$37.26	\$55.88	\$74.50	\$93.14	\$111.76
	Tobacco	\$56.54	\$113.06	\$169.58	\$226.10	\$282.64	\$339.16