

Occasional Part-Time

Monthly Premium Rates

Medical—Anthem

	Anthem Core HDHP	Anthem Plus HDHP	Anthem PPO
STC DOM			
Employee Only	\$800.60	\$878.21	\$906.35
Employee + Spouse	\$1,678.14	\$1,837.99	\$1,903.32
Employee + Child(ren)	\$1,447.34	\$1,593.28	\$1,631.42
Employee + Family	\$2,370.56	\$2,572.13	\$2,719.04

Medical—Cigna Global

	US Expats
Rate Monthly	
Employee Only	\$1,114.87
Employee + Spouse	\$2,715.11
Employee + Child(ren)	\$2,373.70
Employee + Family	\$4,020.09

Dental

	Delta Basic	Delta Plus
Rate Monthly		
Employee Only	\$35.96	\$47.30
Employee + Spouse	\$75.42	\$99.32
Employee + Child(ren)	\$79.03	\$104.04
Employee + Family	\$118.50	\$156.07

Vision

	Vision Plan with Safety Glasses	Vision Plan without Safety Glasses
Rate Monthly		
Employee Only	\$9.31	\$7.49
Employee + Spouse	\$16.81	\$14.98
Employee + Child(ren)	\$17.85	\$16.03
Employee + Family	\$27.44	\$25.62

Voluntary Accident Insurance & Hospital Indemnity

	Accident Plan		Hospital Indemnity	
	High Plan	Low Plan	High Plan	Low Plan
Rate Monthly				
Employee Only	\$5.60	\$4.15	\$17.98	\$9.08
Employee + Spouse	\$10.58	\$8.29	\$44.45	\$22.45
Employee + Child(ren)	\$14.53	\$10.14	\$29.87	\$15.08
Employee + Family	\$19.17	\$11.91	\$56.34	\$28.45

Voluntary Critical Illness—\$30,000

	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Age	Rate Monthly			
Under 25	\$3.60	\$7.20	\$9.90	\$13.50
25–29	\$4.20	\$8.10	\$10.50	\$14.40
30–34	\$6.60	\$12.30	\$12.90	\$18.90
35–39	\$11.10	\$20.10	\$17.40	\$26.40
40–44	\$13.50	\$28.50	\$24.60	\$39.60
45–49	\$21.00	\$42.00	\$34.80	\$55.80
50–54	\$30.00	\$59.70	\$47.10	\$76.80
55–59	\$44.40	\$86.70	\$54.60	\$98.40
60–64	\$67.20	\$133.20	\$85.50	\$151.50
65–69	\$105.30	\$208.20	\$117.00	\$219.90
70 and over	\$157.50	\$313.50	\$163.80	\$319.50

Supplemental Life

	Employee/Spouse*
Age	Rate Monthly—Per \$1,000 Insured
Under 25	\$.039
25–29	\$.047
30–34	\$.063
35–39	\$.071
40–44	\$.079
45–49	\$.119
50–54	\$.181
55–59	\$.336
60–64	\$.522
65–69	\$1.003
70 and over	\$1.630

* Employee 1–10 x Salary/Spouse \$10,000–\$250,000

Supplemental Life

Child	
Coverage	Rate Monthly
\$2,500	\$0.41
\$5,000	\$0.83
\$10,000	\$1.65
\$15,000	\$2.48
\$20,000	\$3.30
\$25,000	\$4.13

Supplemental AD&D

1–10 x Salary	
Coverage by Age	Rate Monthly—per \$1,000 Insured
Employee Only	\$.021
Employee + Spouse	\$.031
Employee + Child(ren)	\$.031
Employee + Family	\$.031

Other

Group Legal Plan	
Coverage	Rate Monthly
Group Legal Plan	\$16.79

ID Theft Protection	
Coverage	Rate Monthly
Employee Only	\$7.00
Employee + Family	\$14.00

Pet Benefit Discount Program	
Coverage	Rate Monthly
One Pet	\$10.75
Two or More Pets	\$17.50