



**FLEXIBLE**  
BENEFITS  
FOR YOU

---

HUMAN RESOURCES ADMINISTRATION

2024 FLEXIBLE BENEFITS RATES

## Flexible Benefits: Rate Summary Plan Year 2024

<b>Life Coverage MetLife</b>	<b>Employee Life Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary</b>	<b>Spousal Life Coverage Selections \$6,000, \$12,000, \$30,000, \$60,000, \$100,000, \$150,000, \$200,000, \$250,000</b>	<b>Accidental Death Coverage Selections 1,2,3,4,5,6,7,8,9, 10x Benefit Salary</b>
Employee Age	(rate per thousand)	(rate per thousand)	(rate per thousand)
0-29	0.04	0.06	0.020
30-34	0.05	0.08	0.020
35-39	0.06	0.09	0.020
40-44	0.07	0.12	0.020
45-49	0.10	0.16	0.020
50-54	0.16	0.26	0.020
55-59	0.25	0.38	0.020
60-64	0.34	0.58	0.020
65-69	0.61	1.11	0.020
70 or over	0.95	1.79	0.020

- Spouse Life rates are based on spouse's age
- An administrative fee will be added to the premium
- Computations are based on rate per thousand.

## Flexible Benefits Rate Summary Plan Year 2024

### Life Coverage (continued)

Child Life \$3,000	Child Life \$6,000	Child Life \$10,000	Child Life \$15,000	Child Life \$20,000
\$0.97	\$1.24	\$1.60	\$2.05	\$2.51

- Child Life rates based on coverage Level
- Employee must be enrolled in Employee Life to elect Child life
- An administrative fee is included in the premium

### Dental Plans

	Cigna PPO: Select Plan	Cigna PPO: Select Mid Plan	Cigna PPO: Select Plus Plan	Cigna: DHMO
Employee	\$26.87	\$34.20	\$40.86	\$22.52
Employee + Spouse	\$52.35	\$66.83	\$79.96	\$41.04
Employee + Child(ren)	\$54.89	\$70.09	\$83.87	\$50.89
Family	\$76.92	\$98.30	\$117.68	\$60.17

- An administrative fee is included in the premium

## Flexible Benefits Rate Summary Plan Year 2024

<b>Blue View Vision</b>	<b>Anthem Blue Cross Blue Shield Vision Select</b>	<b>Anthem Blue Cross Blue Shield Vision Select Plus</b>
Employee	\$5.26	\$9.04
Employee + Spouse	\$11.13	\$19.80
Employee + Child(ren)	\$11.65	\$20.72
Family	\$15.73	\$28.23

- An administrative fee is included in the premium

<b>Legal Plan</b>	<b>MetLife Legal Plans Select</b>	<b>MetLife Legal Plans Select Plus</b>	<b>MetLife Legal Plans Select Premium</b>
Employee	\$5.97	\$7.65	8.75
Family	\$7.46	\$9.80	10.90

- An administrative fee is included in the premium

## Flexible Benefits Rate Summary Plan Year 2024

The Standard Disability Plans	Short Term Disability		Long Term Disability without Retirement Disability		Long Term Disability with Retirement Disability		
	Employee Age Bands	Seven Day Plan	Thirty Day Plan	Under Social Security	Not Under Social Security	Under Social Security	Not Under Social Security
	0-29	0.466	0.247	0.151	0.160	0.128	0.138
	30-34	0.447	0.242	0.215	0.243	0.128	0.138
	35-39	0.466	0.247	0.270	0.302	0.128	0.138
	40-44	0.508	0.276	0.311	0.339	0.128	0.138
	45-49	0.561	0.304	0.536	0.596	0.128	0.138
	50-54	0.608	0.333	0.715	0.798	0.261	0.293
	55-59	0.713	0.385	0.934	1.026	0.467	0.518
	60-64	0.803	0.437	1.100	1.205	0.564	0.623
	65-69	0.979	0.532	1.466	1.613	0.921	1.017
	70 or over	1.511	0.812	1.466	1.613	0.921	1.017

- An administrative fee will be added to the premium
- Computations are based on rate per \$1000

# Flexible Benefits Rate Summary

## Plan Year 2024

<b>Employee Critical Illness Insurance</b>					<b>CLOSED TO NEW ENTRANTS</b>	
<b>Voya</b>	<b>\$5,000 Coverage Level</b>	<b>\$10,000 Coverage Level</b>	<b>\$20,000 Coverage Level</b>	<b>\$30,000 Coverage Level</b>	<b>\$40,000 Coverage Level</b>	<b>\$50,000 Coverage Level</b>
<b>Age Bands</b>						
18-29	\$3.33	\$4.73	\$7.53	\$10.33	\$13.13	\$15.93
30-39	\$4.53	\$7.13	\$12.33	\$17.53	\$22.73	\$27.93
40-49	\$7.78	\$13.63	\$25.33	\$37.03	\$48.73	\$60.43
50-59	\$11.93	\$21.93	\$41.93	\$61.93	\$81.93	\$101.93
60 +	\$18.03	\$34.13	\$66.33	\$98.53	\$130.73	\$162.93

- An administrative fee is included in the premium

# Flexible Benefits Rate Summary Plan Year 2024

## Spouse Critical Illness Insurance

**CLOSED TO NEW  
ENTRANTS**

Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$20,000 Coverage Level	\$30,000 Coverage Level	\$40,000 Coverage Level	\$50,000 Coverage Level
Age Bands						
18-29	\$3.33	\$4.73	\$7.53	\$10.33	\$13.13	\$15.93
30-39	\$4.53	\$7.13	\$12.33	\$17.53	\$22.73	\$27.93
40-49	\$7.78	\$13.63	\$25.33	\$37.03	\$48.73	\$60.43
50-59	\$11.93	\$21.93	\$41.93	\$61.93	\$81.93	\$101.93
60 +	\$18.03	\$34.13	\$66.33	\$98.53	\$130.73	\$162.93

- Spouse Critical Illness election cannot exceed the coverage level of the employee
- Spouse premiums based on employee age.
- An administrative fee is included in the premium

# Flexible Benefits Rate Summary

## Plan Year 2024

### Child(ren) Critical Illness Insurance

Voya	\$5,000 Coverage Level	\$10,000 Coverage Level	\$15,000 Coverage Level
All Ages to Age 26*	\$1.70	\$2.70	\$3.70

- Employee Critical Illness must be elected to add child(ren) coverage
- An administrative fee is included in the premium

\* Eligibility ends at age 26 unless approved disabled



# Flexible Benefits Rate Summary Plan Year 2024

## Accident Insurance

<b>VOYA</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
	\$7.15	\$13.59	\$14.56	\$21.00

- An administrative fee is included in the premium

# Flexible Benefits Rate Summary Plan Year 2024

## Hospital Indemnity Insurance

<b>VOYA</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
	\$13.45	\$26.18	\$24.64	\$37.37

- An administrative fee is included in the premium

# Flexible Benefits Rate Summary Plan Year 2024

## Cancer Insurance

<b>VOYA</b>	<b>Employee Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
	\$20.37	\$34.14	\$21.88	\$35.65

- An administrative fee is included in the premium

# Flexible Benefits Rate Summary

## Plan Year 2024

### HealthEquity/WageWorks Flexible Spending Accounts

#### Health Care and Dependent Care Flexible Spending Accounts

Employees enrolled in the Health Care Flexible Spending Account will be charged a \$3.20 monthly administrative fee.

#### Unum Long-Term Care

Employees who are interested in enrolling or making changes to the Long-Term Care plan must contact UNUM at [www.unuminfo.com/sog](http://www.unuminfo.com/sog) or call 1-888-764-3539. If enrolling, you must download the application from UNUM's website. Once you have completed the application, please mail it to UNUM. All Long-Term Care enrollment information must be returned directly to UNUM.

- 9.9% premium increase on Long-Term Care plan options
- A monthly administrative fee of \$.70 will be added to the Long-Term Care premium