

Brethren Medical Plan - Medical Insurance Rates				
	Monthly Premium PPO1500	Monthly Premium PPO2500	Monthly Premium HDHP2500	Monthly Premium HDHP6000
Wellness Rates <i>Active and Pre-65 Retired Members</i>				
Employee	\$ 1,101.40	\$ 1,003.78	\$ 927.20	\$ 794.64
Employee + Spouse	2,205.57	2,003.99	1,845.82	1,642.32
Employee + Child(ren)	1,944.23	1,796.08	1,654.87	1,368.13
Employee + Family	3,080.24	2,796.27	2,573.48	2,215.47
Non-Wellness Rates <i>Active and Pre-65 Retired Members</i>				
Employee	\$ 1,321.68	\$ 1,204.54	\$ 1,112.63	\$ 953.95
Employee + Spouse	2,646.69	2,404.79	2,214.99	1,970.79
Employee + Child(ren)	2,333.08	2,155.29	1,985.84	1,641.75
Employee + Family	3,696.29	3,355.53	3,088.18	2,658.56

Delta Dental Plan			
	Option 1	Option 2	Option 3
Employee	\$ 66.32	\$ 57.13	\$ 53.38
Employee + One	119.59	103.08	93.98
Employee + Family	185.27	158.67	144.04

EyeMed Vision Plan			
	Option 1	Option 2	Option 3
Employee	\$ 12.45	\$ 12.32	\$ 17.43
Employee + One	17.27	17.02	26.74
Employee + Family	22.00	21.67	35.93

Basic Life Insurance and AD&D	
	Total Monthly Premium
Employee only	\$ 6.00

Supplemental Life Insurance and AD&D	
Age - Employee or Spouse	Total Monthly Premium per \$1,000
Under 25	\$ 0.27
25 - 29	0.27
30 - 34	0.31
35 - 39	0.33
40 - 44	0.38
45 - 49	0.49
50 - 54	0.66
55 - 59	0.93
60 - 64	1.08
65 - 69	1.65
70+	2.60

Dependent Life Insurance and AD&D	
	Total Monthly Premium
Dependent Child	\$0.27 per \$1,000

Long-Term Disability Insurance	
Age	Rate per \$100 of Salary
Employee only	\$ 0.70

Short-Term Disability Insurance	
Age	Total Monthly Premium per \$10
18 - 24	\$ 0.16
25 - 29	0.17
30 - 34	0.17
35 - 39	0.15
40 - 44	0.13
45 - 49	0.15
50 - 54	0.15
55 - 59	0.16
60 - 64	0.16
65 - 69	0.18
70+	0.21

Accident Insurance			
	Option 1	Option 2	Option 3
Employee Only	\$ 10.24	\$ 13.44	\$ 17.18
Employee and Spouse	15.43	20.80	27.05
Employee and Child(ren)	21.52	29.60	38.58
Employee and Family	26.81	37.08	48.61