Group Insurance Premiums January 1, 2024 through December 31, 2024

Medical Coverage

Surest Plan Age-Rated Small Group

	0			
AGE	EE	EE+SP	EE+CH	EE+FAM
< 30	\$442.82	\$1,018.49	\$885.64	\$1,328.46
30 - 34	\$447.04	\$1,097.20	\$954.09	\$1,431.13
35 - 39	\$513.91	\$1,182.00	\$1,027.82	\$1,541.73
40 - 44	\$553.63	\$1,273.35	\$1,107.26	\$1,660.89
45 - 49	\$596.42	\$1,371.76	\$1,192.83	\$1,789.25
50 - 54	\$642.51	\$1,477.77	\$1,285.02	\$1,927.53
55 - 59	\$692.16	\$1,591.98	\$1,384.33	\$2,076.49
60 - 64	\$745.66	\$1,715.01	\$1,491.32	\$2,236.97
65 +	\$803.28	\$1,847.56	\$1,606.57	\$2,409.85

Consumer Plan	<u>Monthly</u>	
Employee Only	\$744.41	
Employee & Spouse	\$1,666.93	
Employee & Child(ren)	\$1,494.30	
Employee + Family	\$2,225.76	

<u>Premium Plan</u>	<u>Monthly</u>
Employee Only	\$1,046.33
Employee & Spouse	\$2,356.82
Employee & Child(ren)	\$2,085.31
Employee & Family	\$3,121.57

Dental Coverage

<u>Delta Dental</u>	<u>Monthly</u>
Employee Only	\$42.40
Employee + One	\$84.80
Employee + Family	\$159.00

Vision Coverage

<u>EyeMed</u>	<u>Monthly</u>
Employee Only	\$6.50
Employee + One	\$13.50
Employee + Family	\$19.50

Group Life and AD&D Insurance		
	Reliance Standard	<u>Monthly</u>
Option 1)	Coverage \$175,000	\$46.50
Option 2)	Coverage \$75,000	\$20.50

Supplemental Life Insurance**

Reliance Standard Age-banded monthly rates

Employee & Spouse

**Coverage reduced 50% at age 70

Age	per \$1,000
0-25	\$0.08
25-29	\$0.08
30-34	\$0.09
35-39	\$0.10
40-44	\$0.12
45-49	\$0.22
50-54	\$0.39
55-59	\$0.62
60-64	\$0.69
65-69	\$1.38
70+	\$2.42

Supplemental Child(ren) Life

Reliance Standard Monthly
Coverage \$10,000 \$1.90

Supplemental Accidental Death & Dismemberment

Reliance StandardMonthlyCoverage \$10,000 increments\$0.29

Voluntary Long Term Disability

Reliance Standard- available to NON-ordained participants

*Per \$100 Covered Monthly Payroll \$0.39 60% benefit up to \$5,000

VOLUNTARY BENEFITS		
Accident Insurance	<u>Monthly</u>	
Employee	\$14.60	
Employee + Spouse	\$21.98	
Employee + Child(ren)	\$29.90	
Employee + Family	\$37.88	

Critical Illness Insurance--per \$1,000 benefit; Employee and Spouse

Tobacco User Monthly Rates

Age Monthly 0-29 \$0.45 30-39 \$0.91 40-49 \$2.18 50-54 \$4.53 60-69 \$7.78 70+ \$17.15

Non-Tobacco Monthly Rates

110100		
Age	Monthly	
0-29	\$0.36	
30-39	\$0.60	
40-49	\$1.18	
50-54	\$2.41	
60-69	\$3.84	
70+	\$12.76	

Critical Illness insurance-- per \$1,000 benefit; Child(ren)

Monthly