

**Reformed Benefits Association
Group Insurance Premiums 2019**

Medical Coverage (4 plan options)

2019

United HealthCare Basic Plan

Monthly

Employee Only	\$588.89
Employee & Spouse	\$1,316.27
Employee & Child(ren)	\$1,182.12
Employee & Family	\$1,760.76

NEW 2019

United Healthcare Co-Pay Plan Age-Rated

<u>AGE</u>	<u>EE</u>	<u>EE+SP</u>	<u>EE+CH</u>	<u>EE+FAM</u>
< 30	\$423.86	\$974.88	\$847.72	\$1,271.58
30 - 34	\$456.62	\$1,050.22	\$913.24	\$1,369.86
35 - 39	\$491.91	\$1,131.39	\$983.82	\$1,475.73
40 - 44	\$529.93	\$1,218.83	\$1,059.85	\$1,589.78
45 - 49	\$570.88	\$1,313.02	\$1,141.76	\$1,712.64
50 - 54	\$615.00	\$1,414.50	\$1,230.00	\$1,845.00
55 - 59	\$662.53	\$1,523.82	\$1,325.06	\$1,987.59
60 - 64	\$713.73	\$1,641.58	\$1,427.47	\$2,141.20
65 +	\$768.89	\$1,768.45	\$1,537.79	\$2,306.68

United HealthCare Consumer Plan

Monthly

Employee Only	\$647.03
Employee & Spouse	\$1,448.87
Employee & Child(ren)	\$1,298.82
Employee + Family	\$1,934.60

United HealthCare Premium Plan

Monthly

Employee Only	\$927.38
Employee & Spouse	\$2,088.68
Employee & Child(ren)	\$1,848.06
Employee & Family	\$2,766.41

Dental Coverage

Delta Dental

Monthly

Employee Only	\$40.00
Employee + One	\$80.00
Employee + Family	\$135.00

Vision Coverage

EyeMed

Monthly

Employee Only	\$5.94
Employee + One	\$12.22
Employee + Family	\$18.04

Group Life and Voluntary Coverage

Option 1	\$175,000	<u>Monthly</u>
Option 2	\$75,000	\$46.50
		\$20.50

Supplemental Life Insurance

Age-banded Rate Per \$1,000

Employee & Spouse**

***Coverage reduced 50% at age 70*

Age	per \$1,000
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

Coverage \$10,000

Monthly

\$1.90

Supplemental Accidental Death & Dismemberment

Per \$1,000

Monthly

\$0.029

Long Term Disability (non-ordained staff)

Monthly

\$0.39

VOLUNTARY BENEFITS

Accident Insurance

Monthly

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

Non-Tobacco Monthly Rates

Age	Monthly
0-29	\$0.451
30-39	\$0.911
40-49	\$2.180
50-54	\$4.530
60-69	\$7.784
70+	\$17.150

Age	Monthly
0-29	\$0.363
30-39	\$0.595
40-49	\$1.181
50-54	\$2.410
60-69	\$3.844
70+	\$12.760

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

Monthly

\$0.93