

**Reformed Benefits Association
2020 Premium Rates**

Medical Coverage

<u>Co-Pay Plan</u>		Employee age-based monthly rate		
AGE	E	S	C	F
< 30	\$440.82	\$1,013.88	\$881.63	\$1,322.45
30 - 34	\$474.88	\$1,092.23	\$949.77	\$1,424.65
35 - 39	\$511.59	\$1,176.65	\$1,023.17	\$1,534.76
40 - 44	\$551.12	\$1,267.58	\$1,102.24	\$1,653.37
45 - 49	\$593.72	\$1,365.55	\$1,187.43	\$1,781.15
50 - 54	\$639.60	\$1,471.08	\$1,279.20	\$1,918.80
55 - 59	\$689.03	\$1,584.77	\$1,378.06	\$2,067.09
60 - 64	\$742.28	\$1,707.25	\$1,484.56	\$2,226.85
65 +	\$799.65	\$1,839.19	\$1,599.30	\$2,398.95

<u>Consumer Plan</u>	<u>Monthly</u>
Employee Only	\$672.91
Employee & Spouse	\$1,506.82
Employee & Child(ren)	\$1,350.77
Employee + Family	\$2,011.98

<u>Premium Plan</u>	<u>Monthly</u>
Employee Only	\$945.83
Employee & Spouse	\$2,130.45
Employee & Child(ren)	\$1,885.02
Employee & Family	\$2,821.74

Dental Coverage

<u>Delta Dental</u>	<u>Monthly</u>
Employee Only	\$40.00
Employee + One	\$80.00
Employee + Family	\$145.00

Vision Coverage

<u>EyeMed</u>	<u>Monthly</u>
Employee Only	\$5.94
Employee + One	\$12.22
Employee + Family	\$18.04

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

Supplemental Life Insurance

Age-banded Rate Per \$1,000

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		<u>Monthly</u>
	Coverage \$10,000	\$1.90

Supplemental AD&D		<u>Monthly</u>
	Coverage \$10,000 increments	\$0.29

Long Term Disability (per \$100 CMP)		<u>Group LTD</u>
		\$0.23

VOLUNTARY BENEFITS

Accident Insurance-- \$250/day benefit		<u>Monthly</u>
	Employee	\$14.60
	EE + Spouse	\$21.98
	EE+ Child(ren)	\$29.90
	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)		<u>Monthly</u> \$0.93
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