

**Reformed Benefits Association
2022 Premium Rates**

Medical Coverage

<i>small group</i>	<u>Co-Pay Plan</u>		Employee age-based monthly rate		
	AGE	E	S	C	F
	< 30	\$454.04	\$1,044.29	\$908.08	\$1,362.12
	30 - 34	\$489.13	\$1,125.00	\$978.26	\$1,467.39
	35 - 39	\$526.93	\$1,211.94	\$1,053.87	\$1,580.80
	40 - 44	\$567.66	\$1,305.61	\$1,135.31	\$1,702.97
	45 - 49	\$611.53	\$1,406.51	\$1,223.05	\$1,834.58
	50 - 54	\$658.79	\$1,515.21	\$1,317.58	\$1,976.36
	55 - 59	\$709.70	\$1,632.31	\$1,419.40	\$2,129.11
	60 - 64	\$764.55	\$1,758.47	\$1,529.10	\$2,293.65
	65 +	\$823.64	\$1,894.37	\$1,647.28	\$2,470.91

<u>Consumer Plan</u>	<u>Monthly</u>
Employee Only	\$693.10
Employee & Spouse	\$1,552.02
Employee & Child(ren)	\$1,391.29
Employee + Family	\$2,072.34

<u>Premium Plan</u>	<u>Monthly</u>
Employee Only	\$974.20
Employee & Spouse	\$2,194.36
Employee & Child(ren)	\$1,941.57
Employee & Family	\$2,906.39

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	\$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 Coverage \$10,000 **Monthly \$1.90**

Supplemental AD&D Coverage \$10,000 increments **Monthly \$0.29**

Long Term Disability (per \$100 CMP) **Group LTD \$0.23**

VOLUNTARY BENEFITS

Accident Insurance-- \$250/day benefit **Monthly**
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) **Monthly \$0.93**