

2022 PLAN YEAR RATES

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HOSPITAL INDEMNITY PLAN - AETNA

LOW MID AND HIGH	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
\$1,500.00	\$21.83	\$45.59	\$31.05	\$50.34
\$3,000.00	\$36.02	\$73.39	\$50.79	\$81.77
\$5,000.00	\$ 57.21	\$115.99	\$80.41	\$129.33

TELEHEALTH - MDLIVE *INCLUDES MENTAL HEALTH

EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD (REN)	EMPLOYEE & FAMILY
\$12.00	\$12.00	\$12.00	\$12.00

DENTAL - METLIFE

NETWORK	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
High PPO	\$25.60	\$54.42	\$70.44	\$96.04
Low PPO	\$19.90	\$42.26	\$54.70	\$74.58

VISION - METLIFE "New Carrier"

PLAN OPTIONS	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Enhanced	\$8.12	\$18.02	\$18.08	\$23.38
Low	\$7.40	\$16.38	\$16.44	\$21.26

DISABILITY - CIGNA

MONTHLY PREMIUM COST BASED ON 12 PAYMENTS PER YEAR (PER \$100 IN COVERAGE)					
WAITING PERIOD	30%	40%	50%	60%	70%
0/7	\$2.77	\$3.03	\$3.25	\$3.66	\$3.82
14/14	\$2.16	\$2.36	\$2.54	\$2.86	\$2.98
30/30	\$1.86	\$2.03	\$2.18	\$2.46	\$2.56
60/60	\$1.69	\$1.62	\$1.75	\$1.97	\$2.05

CANCER - APL

PLAN	EMPLOYEE ONLY	EMPLOYEE & SPOUSE	EMPLOYEE & CHILD(REN)	EMPLOYEE & FAMILY
Low Plan	\$21.24	\$38.10	\$26.24	\$39.94
High Plan	\$34.30	\$61.40	\$42.30	\$64.48

PERMANENT LIFE - 5STAR

LIFE COVERAGE OFFERED DURING OPEN ENROLLMENT
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ACCIDENT - UNITED HEALTH CARE

PLAN	EMPLOYEE	EMPLOYEE &	EMPLOYEE &	EMPLOYEE
Platinum Plan	\$13.64	\$20.22	\$18.39	\$24.97

LIFE - UNUM

EMPLOYEE/SPOUSE RATES PER \$10,000		DEPENDENT CHILD(REN) RATES	
Age	Rate	Unit	Rate
0-29	\$0.37	\$5,000	\$0.80
30-34	\$0.56	\$10,000	\$1.60
35-39	\$0.65	AD&D Rates per \$10,000	
40-44	\$0.93	Employee Only	\$0.17
45-49	\$1.40	Spouse and Child(ren)	\$0.17
50-54	\$2.14		
55-59	\$4.00		
60-64	\$6.14		
65-69	\$11.07		
70-74	\$17.67		

IDENTITY THEFT PROTECTION - ID Watchdog

PLAN	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
1B	\$8.95	\$15.95	\$15.95	\$15.95
Platinum Plan	\$12.95	\$23.95	\$23.95	\$23.95

EMERGENCY MEDICAL TRANSPORT - MASA

ANY PROVIDER	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
Emergent	\$14.00	\$14.00	\$14.00	\$14.00
Platinum	\$24.50	\$32.50	\$32.50	\$32.50

CRITICAL ILLNESS - AETNA

\$30,000	EMPLOYEE	EMPLOYEE & SPOUSE	EMPLOYEE & CHILDREN	EMPLOYEE & FAMILY
AGE 40	\$18.06	\$40.85	\$18.06	\$40.85
AGE 45	\$27.08	\$62.00	\$27.08	\$62.00
AGE 50	\$43.27	\$96.32	\$43.27	\$96.32
AGE 55	\$62.15	\$143.59	\$62.15	\$143.59