

Your 2024 Monthly Cost of Coverage



Medical, Dental and Vision Coverage

	Employee Only	Employee + Spouse	Employee + Child(ren)	Family
BCBS CF Standard PPO	\$166.40	\$431.60	\$264.16	\$616.72
BCBS Advantage PPO with HSA	\$132.08	\$370.24	\$220.48	\$534.56
Cigna Dental PPO	\$7.14	\$15.30	\$20.40	\$33.66
Cigna Vision	\$3.00	\$6.00	\$6.00	\$10.00

Employee and Spouse Voluntary Life Insurance*

Employee – 1x, 2x, 3x, 4x or 5x annual base salary up to \$1M maximum.

Spouse – You must elect employee voluntary life to elect coverage for your spouse. You can elect coverage in \$10,000 increments, up to a maximum of \$500,000.

Premiums shown are per \$1,000 of coverage based on employee age.

Under Age 24	\$0.050
Age 25 – 29	\$0.060
Age 30 – 34	\$0.080
Age 35 – 39	\$0.090
Age 40 – 44	\$0.109
Age 45 – 49	\$0.163
Age 50 – 54	\$0.256
Age 55 – 59	\$0.466
Age 60 – 64	\$0.660
Age 65 – 69	\$1.270
Age 70+	\$2.060
Child (Increments of \$5,000)	
Premium shown is per \$5,000 of coverage (Maximum: \$20,000)	\$0.93

Voluntary AD&D

Employee Only (Increments of \$50,000)	
Premium shown is per \$50,000 of coverage (Maximum: \$500,000)	\$1.40
Spouse Only (Increments of \$50,000)	
Premium shown is per \$50,000 of coverage (Maximum: \$500,000)	\$1.40
Child Only (Increments of \$5,000)	
Premium shown is per \$5,000 of coverage (Maximum: \$20,000)	\$0.14

*Evidence of Insurability (EOI) required for some Voluntary Life insurance elections:

- **Newly eligible employee:** EOI required for coverage amounts greater than 4x your annual base salary or \$400,000 (whichever is less).
- **Newly eligible spouse:** EOI required for coverage amounts over \$50,000.