

# 2020 - 2021 Voluntary Benefits Monthly Premiums

CIGNA DENTAL			
	High Option	Low Option	DHMO Option
Employee Only	\$48.76	\$19.90	\$13.98
Employee + Spouse	\$104.18	\$39.58	\$27.84
Employee + Children	\$94.42	\$42.90	\$30.06
Employee + Family	\$175.96	\$62.60	\$43.90

SUPERIOR VISION		
	High Option	Low Option
Employee Only	\$16.95	\$9.04
Employee + Spouse	\$36.48	\$19.46
Employee + Children	\$27.45	\$14.63
Employee + Family	\$50.10	\$26.71

AUL a ONEAMERICA COMPANY GROUP VOLUNTARY TERM LIFE AND AD&D		
Rates for spouse coverage based on spouse age	Per \$10,000	Per \$50,000
Age 0-25	\$0.70	\$3.50
25-29	\$0.70	\$3.50
30-34	\$0.80	\$4.00
35-39	\$0.90	\$4.50
40-44	\$1.30	\$6.50
45-49	\$1.70	\$8.50
50-54	\$2.60	\$13.00
55-59	\$3.90	\$19.50
60-64	\$6.00	\$30.00
65-69	\$11.60	\$58.00
70-74	\$11.60	\$58.00
Child Life	\$2.00	

THE HARTFORD DISABILITY <small>Rates are based on \$200 monthly benefit</small>		
Elimination Period	Gold	Silver
0/7	\$7.18	\$5.28
14/14	\$6.32	\$4.32
30/30	\$5.36	\$3.54
60/60	\$3.48	\$2.90
90/90	\$3.00	\$2.42
180/180	\$2.20	\$1.82

APL CANCER With Surgical		
	High	Low
Employee Only	\$33.48	\$21.50
Employee + Spouse	\$71.64	\$45.64
Employee + Child(ren)	\$41.32	\$27.22
Employee + Family	\$79.50	\$51.36

BASIC LIFE W/AD&D		
	Amount	ER Cost
Employee Only	\$15,000	\$0.98