

## Mingus Union High School District No. 4 Effective July 1, 2024 through June 30, 2025

**Dual Spouse** 

Medical and Pr					
Copay Plan	<b>Employer Pays</b>	You Pay	Total	COBRA	
Individual + Spouse/Domestic Partner	\$1418.00	\$0.00	\$1418.00	\$1446.36	
Individual + Family	\$1490.00	\$344.00	\$1834.00	\$1870.68	
1,600 HDHP	<b>Employer Pays</b>	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$1129.00	\$0.00	\$1129.00	\$1151.58	\$361.00
Individual + Family	\$1463.00	\$0.00	\$1463.00	\$1492.26	\$27.00
5,000 HDHP	<b>Employer Pays</b>	You Pay	Total	COBRA	Employer HSA Contribution *
Individual + Spouse/Domestic Partner	\$806.00	\$0.00	\$806.00	\$822.12	\$684.00
Individual + Family	\$1041.00	\$0.00	\$1041.00	\$1061.82	\$449.00

## **Optional Notes:**

None

See attached for all other ancillary products.

<sup>\*</sup>The amount shown above is your monthly employer HSA contribution.



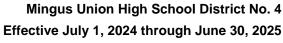


## **Ancillary Rates**

BENEFIT		PROVIDER						
Basic Life (Includes AD&D)		MetLife						
Monthly Rates								
			Cost Per \$50,000					
Employer paid			\$5.20					
BENEFIT		PROVIDER						
	sludos AD&D)	MetLife						
	0 / 0100	Monthly Rates	0					
Age	Cost per \$1,000	Age	Cost per \$1,000					
Under age 30	\$0.067	50-54	\$0.225					
30-34	\$0.086	55-59	\$0.411					
35-39	\$0.095	60-64	\$0.625					
40-44	\$0.119	65-69	\$1.192					
45-49	\$0.151	70+	\$2.470					
Child	\$0.152							
BENEFIT		PROVIDER						
Prepaid Legal Program	n	MetLife (Hyatt Legal)						
		Monthly Rates						
High Plan	\$14.50	Covers employees						
	·	looking for more robust coverage						
Low Plan	\$7.00	Covers employees looking for a lower cost						
		alternative						
BENEFIT		PROVIDER						
Worksite Benefits (Ho	spital Indemnity)	MetLife						
Monthly Rates								
Employee:	\$14.60							
Employee + Spouse:	\$26.96							
Employee + Child(ren):	\$22.76							

\$35.12

Family:



**Dual Spouse** 



BENEFIT		PROVIDER						
Worksite Benefits (Crit	ical Illness)	MetLife						
Monthly Premium for \$1,000 of Coverage								
Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse/Children				
<25	\$0.20	\$0.34	\$0.20	\$0.34				
25-29	\$0.21	\$0.37	\$0.21	\$0.37				
30-34	\$0.30	\$0.51	\$0.30	\$0.51				
35-39	\$0.42	\$0.71	\$0.42	\$0.71				
40-44	\$0.64	\$1.06	\$0.64	\$1.06				
45-49	\$0.95	\$1.58	\$0.95	\$1.58				
50-54	\$1.35	\$2.27	\$1.35	\$2.27				
55-59	\$1.87	\$3.17	\$1.87	\$3.17				
60-64	\$2.69	\$4.60	\$2.69	\$4.60				
65-69	\$4.03	\$6.90	\$4.03	\$6.90				
70+	\$6.25	\$10.46	\$6.25	\$10.46				
BENEFIT		PROVIDER						
Worksite Benefits (Acc	cident)	MetLife	MetLife					
		Monthly Rates						
Employee:	\$12.48							
Employee + Spouse:	\$25.34							
Employee + Child(ren):	\$25.81							
Family:	\$32.31							
BENEFIT		PROVIDER						
Pet Insurance		Nationwide						
		Monthly Rates						
Covered animals include	dogs, cats, birds, reptiles,	and other exotic pets.	Prices vary by age,	breed, and location.				
BENEFIT		PROVIDER						
Identity Theft		Identity Guard with V	Vatson					
Monthly Rates								
	Total Plan	Premier Plan	Ultimate Plan					
Employee Only:	\$7.90	\$9.85	\$10.85					
Employee & Family:	\$13.90	\$17.85	\$19.85					

Upon selection, a more comprehensive overview of the benefits will be provided. If you have any questions, please contact your member advocate at 888.331.0222.