Sanford Health Premiums 2016 Worthington Local 49

Health Insurance – ANNUAL

	GOLD		SILVER		BRONZE	
	Sanford	Employee	Sanford	Employee	Sanford	Employee
Single	\$6,276	\$900	\$5,856	\$780	\$5,700	\$780
Employee +1 FT	\$10,776	\$6,420	\$10,776	\$5,064	\$10,776	\$4,764
Employee + 1 PT	\$7,092	\$10,104	\$7,092	\$8,748	\$7,092	\$8,448
Family FT	\$13,380	\$7,200	\$13,380	\$5,568	\$13,380	\$5,232
Family PT	\$9,840	\$10,740	\$9,840	\$9,108	\$9,840	\$8,772

Health Insurance – PER PAY PERIOD

	GOLD		SILVER		BRONZE	
	Sanford	Employee	Sanford	Employee	Sanford	Employee
Single	\$261.50	\$37.50	\$244.00	\$32.50	\$237.50	\$32.50
Employee +1 FT	\$449.00	\$267.50	\$449.00	\$211.00	\$449.00	\$198.50
Employee + 1 PT	\$295.50	\$421.00	\$295.50	\$364.50	\$295.50	\$352.00
Family FT	\$557.50	\$300.00	\$557.50	\$232.00	\$557.50	\$218.00
Family PT	\$410.00	\$447.50	\$410.00	\$379.50	\$410.00	\$365.50

Dental Insurance – ANNUAL

		PREMIER	STANDARD
	Sanford	Employee	Employee
Single FT	\$300	\$252	\$108
Single PT	\$210	\$342	\$198
Family FT	\$600	\$876	\$468
Family PT	\$420	\$1,056	\$648

Vision Insurance – PER PAY PERIOD

VSP	
Single	\$3.29
Employee +1	\$6.57
Family	\$10.58

Voluntary Life Insurance &

Life Insurance – Spouse (Per \$1,000/monthly)

Age of Employee	Rate	Age of Employee	Rate
Less than 29	\$0.0855	50-54	\$0.352
30-34	\$0.105	55-59	\$0.589
35-39	\$0.114	60-64	\$0.865
40-44	\$0.152	65-69	\$1.56
45-49	\$0.228	70+	\$3.22

Life Insurance – Child(ren)

\$2.00 per month/per \$10,000 of coverage

Dental Insurance – PER PAY PERIOD

		PREMIER	STANDARD
	Sanford	Employee	Employee
Single FT	\$12.50	\$10.50	\$4.50
Single PT	\$8.75	\$14.25	\$8.25
Family FT	\$25.00	\$36.50	\$19.50
Family PT	\$17.50	\$44.00	\$27.00

LegalShield Services – PER PAY PERIOD

LegalShield Services and Identity Theft Shield Plan				
LegalShield Services \$7.88				
Identity Theft	\$9.98			

Long Term Disability

Long term disability benefits and premiums are determined by your collective bargaining agreement. Please contact Human Resources at (507) 372-3170 for additional information.

Universal Life Insurance (Allstate) – PER PAY PERIOD

Death Benefits (Non-Tobacco/pay period)

Covered Individual	\$25,000	\$50,000	\$100,000
Age 25	\$10.84	\$10.84	\$17.84
Age 35	\$10.84	\$13.61	\$26.71
Age 45	\$11.02	\$21.54	\$42.59
Age 55	\$18.89	\$37.27	\$74.04

• Universal Life policies can be purchased on employee, spouse, dependent children and grandchildren.

• Face amounts may very based on additional coverage riders and premium payment options selected.

• Universal Life is a post-tax benefit and is portable.

Critical Illness Insurance (Allstate) – PER PAY PERIOD

Lump Sum Benefit – Without Cancer Coverage	Ages 18-35	Ages 36-50	Ages 51-60	Ages 61-63	Ages 64+
\$10,000	\$1.92	\$5.38	\$11.69	\$19.57	\$31.28
\$20,000	\$3.24	\$9.89	\$22.01	\$37.18	\$59.71
\$30,000	\$4.55	\$14.40	\$32.33	\$54.80	\$88.14
Lump Sum Benefit – With Cancer Coverage	Ages 18-35	Ages 36-50	Ages 51-60	Ages 61-63	Ages 64+
•	Ages 18-35 \$6.52	Ages 36-50 \$12.57	Ages 51-60 \$23.95	Ages 61-63 \$36.48	Ages 64+ \$53.37
Cancer Coverage					

• Critical Illness is a pre-tax benefit and is portable • Policies can be purchased on employee, spouse and dependent children.

Cancer Insurance (Allstate) – PER PAY PERIOD

Hospital-\$100/day; Surgery-up to \$1,500; Radiation/Chemotherapy-up to \$5,000; Wellness-\$50/year; Initial Diagnosis Benefit-\$1,000; Intensive Care Benefit-\$200/day.

Low Option Premium Rates					
Employee	\$6.58	Employee w/Spouse	\$10.36		
Family	\$13.03	Employee w/child(ren)	\$9.27		

Hospital=\$300/day; Surgery-up to \$3,000; Radiation/Chemotherapy-up to \$10,000; Wellness=\$100/year; Initial Diagnosis Benefit=\$3,000; Intensive Care Benefit=\$400/day.

High Option Premium Rates

Employee	\$13.58	Employee w/Spouse	\$21.31		
Family	\$26.84	Employee w/child(ren)	\$19.12		

• Cancer Insurance is a pre-tax benefit and is portable.

Accident Insurance (Allstate) – PER PAY PERIOD

Medical Exposures–up to \$250/day; Outpatient Physician Treatment \$25/visit; Dislocation & Fracture–up to \$2,000; Hospital Admission–\$500; Hospital Confinement–\$100/day; Accident Death–\$20,000.

Low Option Premium Rates						
Employee	\$5.66	Employee w/Spouse	\$10.25			
Family	\$13.17	Employee w/child(ren)	\$11.00			

Medical Exposures–up to \$500/day; Outpatient Physician Treatment \$50/visit; Dislocation & Fracture–up to \$4,000; Hospital Admission–\$1,000; Hospital Confinement–\$200/day; Accident Death–\$40,000.

High Option Premium Rates			
Employee	\$10.23	Employee w/Spouse	\$19.43
Family	\$25.25	Employee w/child(ren)	\$20.92
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• Accident Insurance is a pre-tax benefit and is portable.

This sheet is a premium summary only. If there is a discrepancy between this summary and your Certificate of Coverage, the Certificate of Coverage will take precedence in determining your benefits.