



## 2023-2024 Benefit Plan Rate Comparisons

### 2023

Medical Plans	Kaiser Permanente HMO		Anthem Advantage HMO		Anthem Act Wise HDHP (PPO)	
	Monthly	Bi-Weekly (26 Deductions)	Monthly	Bi-Weekly (26 Deductions)	Monthly	Bi-Weekly (26 Deductions)
Employee Only	\$63.98	\$29.53	\$64.59	\$29.81	\$86.86	\$40.09
Two Party	\$268.70	\$124.02	\$271.26	\$125.20	\$342.36	\$158.01
Family	\$575.78	\$265.74	\$580.72	\$268.02	\$719.25	\$331.96

### 2024

Medical Plans	Kaiser Permanente HMO		Blue Shield Access+ HMO		Blue Shield Trio HMO		Blue Shield HDHP (PPO)	
	Monthly	Bi-Weekly (26 Deductions)	Monthly	Bi-Weekly (26 Deductions)	Monthly	Bi-Weekly (26 Deductions)	Monthly	Bi-Weekly (26 Deductions)
Employee Only	\$67.91	\$31.34	\$63.30	\$29.22	\$24.99	\$11.53	\$61.89	\$28.56
Two Party	\$285.20	\$131.63	\$265.83	\$122.69	\$104.94	\$48.43	\$260.20	\$120.09
Family	\$611.14	\$282.06	\$569.11	\$262.67	\$224.65	\$103.68	\$559.05	\$258.02

Note: Imputed income taxation applies when enrolling a domestic partner; please see your benefits representative for additional information.

Dental Plans	Cigna Dental DHMO				Cigna Dental DPPO	
	'23 Monthly	'24 Monthly	'23 Bi-Weekly	'24 Bi-Weekly	Monthly	Bi-Weekly
Employee Only	\$5.61	\$5.93	\$2.59	\$2.74	\$40.31	\$18.60
Two Party	\$15.35	\$16.16	\$7.08	\$7.46	\$79.20	\$36.55
Family	\$31.38	\$33.28	\$14.48	\$15.36	\$156.32	\$72.15

Note: No rate changes for Cigna Dental DPPO

Vision Plans	Anthem Vision Core		Anthem Vision Buy-Up			
	Monthly	Bi-Weekly	'23 Monthly	'24 Monthly	'23 Bi-Weekly	'24 Bi-Weekly
Employee Only	\$0.00	\$0.00	\$7.19	\$7.46	\$3.32	\$3.44
Two Party	\$1.53	\$0.71	\$12.14	\$12.60	\$5.60	\$5.82
Family	\$3.41	\$1.57	\$20.10	\$20.90	\$9.28	\$9.65

Note: No rate changes for Anthem Vision Core Plan

	Accident Insurance (Voya) Monthly Rates		Hospital Indemnity Insurance (Voya) Monthly Rates	
	Low	High	Low	High
	Employee	\$7.97	\$11.52	\$18.91
Employee + Spouse	\$13.28	\$19.20	\$39.62	\$79.24
Employee + Child	\$15.72	\$22.73	\$28.56	\$57.13
Family	\$21.03	\$30.41	\$49.27	\$98.55

Critical Illness Insurance (Voya) Monthly	Low Employee Amount: 15,000 Spouse Amount: \$7,500 Child Amount: \$5,000				High Employee Amount: 30,000 Spouse Amount: \$15,000 Child Amount: \$10,000			
	Age	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + FAMILY	EMPLOYEE	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD
< 29	\$6.10	\$10.25	\$8.05	\$12.20	\$10.90	\$17.90	\$14.80	\$21.80
30-39	\$7.15	\$11.90	\$9.10	\$13.85	\$13.00	\$21.20	\$16.90	\$25.10
40-49	\$14.20	\$22.78	\$16.15	\$24.73	\$27.10	\$42.95	\$31.00	\$46.85
50-59	\$28.75	\$46.25	\$30.70	\$48.20	\$56.20	\$89.90	\$60.10	\$93.80
60-64	\$43.00	\$68.23	\$44.95	\$70.18	\$84.70	\$133.85	\$88.60	\$137.75
65-69	\$52.90	\$85.10	\$54.85	\$87.05	\$104.50	\$167.60	\$108.40	\$171.50
70+	\$78.25	\$119.45	\$80.20	\$121.40	\$155.20	\$236.30	\$159.10	\$240.20

Monthly Voluntary Legal Assistance Insurance (Arag)		Monthly Voluntary Identity Protection Insurance (Allstate)		Monthly Voluntary Pet Insurance (Nationwide)
\$18.25	Employee only and family coverage	\$7.95	Employee Only	<a href="http://www.petinsurance.com/claremont">www.petinsurance.com/claremont</a> or call 877-738-7874
		\$13.95	Family	

Supplemental Life Insurance (Unum)	
Age	Employee & Spouse Monthly Rates (per \$1,000 of coverage)
< 29	\$0.023
30 - 34	\$0.028
35 - 39	\$0.041
40 - 44	\$0.069
45 - 49	\$0.103
50 - 54	\$0.158
55 - 59	\$0.282
60 - 64	\$0.434
65 - 69	\$0.874
70 +	\$1.418
Dependent Child(ren) Life Insurance	\$1.05 for \$15,000 of coverage per child

AD&D (Zurich)		
Benefit Amount	Employee Only	Family
\$25,000	\$0.48	\$0.93
\$50,000	\$0.95	\$1.85
\$75,000	\$1.43	\$2.78
\$100,000	\$1.90	\$3.70
\$125,000	\$2.38	\$4.63
\$150,000	\$2.85	\$5.55
\$175,000	\$3.33	\$6.48
\$200,000	\$3.80	\$7.40
\$225,000	\$4.28	\$8.33
\$250,000	\$4.75	\$9.25
\$275,000	\$5.23	\$10.18
\$300,000	\$5.70	\$11.10
\$325,000	\$6.18	\$12.03
\$350,000	\$6.65	\$12.95
\$375,000	\$7.13	\$13.88
\$400,000	\$7.60	\$14.80
\$425,000	\$8.08	\$15.73
\$450,000	\$8.55	\$16.65
\$475,000	\$9.03	\$17.58
\$500,000	\$9.50	\$18.50