

**COS 2024 PLAN YEAR - ACTIVES**

60 day waiting period for all employees	Actives Monthly	Actives Semi- Monthly	Actives Weekly
<b>Medical Base - BCBS</b>			
Employee	206.18	103.09	47.58
Employee + 1 Child	331.54	165.77	76.51
Employee + 2 or more Children	342.00	171.00	78.92
Employee + Spouse	384.67	192.33	88.77
Employee + Spouse + 1 Child	505.27	252.64	116.60
Employee + Spouse + 2 or more Children	529.20	264.60	122.12
<b>Base Tobacco Surcharge</b>			
Employee	30.93	15.46	7.14
Employee + 1 Child	49.73	24.87	11.48
Employee + 2 or more Children	51.30	25.65	11.84
Employee + Spouse	57.70	28.85	13.32
Employee + Spouse + 1 Child	75.79	37.90	17.49
Employee + Spouse + 2 or more Children	79.38	39.69	18.32
<b>Medical High Deductible - BCBS</b>			
Employee	101.52	50.76	23.43
Employee + 1 Child	163.80	81.90	37.80
Employee + 2 or more Children	174.66	87.33	40.31
Employee + Spouse	190.35	95.18	43.93
Employee + Spouse + 1 Child	252.70	126.35	58.32
Employee + Spouse + 2 or more Children	261.80	130.90	60.42
<b>High Deductible Tobacco Surcharge</b>			
Employee	15.23	7.61	3.51
Employee + 1 Child	24.57	7.00	3.23
Employee + 2 or more Children	26.20	11.23	5.18
Employee + Spouse	28.55	12.21	5.64
Employee + Spouse + 1 Child	37.91	13.20	6.09
Employee + Spouse + 2 or more Children	39.27	13.11	6.05
<b>Spousal Surcharge</b>			
Spousal Surcharge	100.00	50.00	23.08
<b>Wellness Surcharge</b>			
Wellness Surcharge	50.00	25.00	11.54
<b>Dental - BCBS</b>			
Employee Only	13.02	6.51	3.00
Employee + Spouse	25.52	12.76	5.89
Employee + Child(ren)	38.16	19.08	8.81
Family	50.64	25.32	11.69
<b>Vision - BCBS</b>			
Employee Only	4.42	2.21	1.02
Employee + Spouse	8.83	4.42	2.04
Employee + Child(ren)	9.28	4.64	2.14
Family	12.94	6.47	2.99
<b>Accident - The Standard</b>			
Employee Only	10.13	5.07	2.34
Employee + Spouse	16.41	8.21	3.79
Employee + Child(ren)	18.94	9.47	4.37
Family	29.78	14.89	6.87
<b>Hospital Indemnity - The Standard</b>			
Low Plan - Employee	8.16	4.08	1.88
Low Plan - Employee + Spouse	13.78	6.89	3.18
Low Plan - Employee + Children	11.62	5.81	2.68
Low Plan - Family	20.64	10.32	4.76

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<b>Hospital Indemnity - The Standard</b>									
High Plan - Employee		12.60	6.30	2.91					
High Plan - Employee + Spouse		21.36	10.68	4.93					
High Plan - Employee + Children		17.58	8.79	4.06					
High Plan - Family		31.52	15.76	7.28					
<b>Critical Illness - Non-Tobacco - The Standard EE + SP</b>		<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>		
10,000		5.00	7.90	13.70	22.00	36.20	61.30		
20,000		10.00	15.80	27.40	44.00	72.40	122.60		
30,000		15.00	23.70	41.10	66.00	108.60	183.90		
<b>Critical Illness - Tobacco - The Standard EE + SP</b>		<b>18-29</b>	<b>30-39</b>	<b>40-49</b>	<b>50-59</b>	<b>60-69</b>	<b>70+</b>		
10,000		6.00	11.10	23.00	43.00	78.70	127.60		
20,000		12.00	22.20	46.00	86.00	157.40	255.20		
30,000		18.00	33.30	69.00	129.00	236.10	382.80		
<b>STD - 60% up to 1,500</b>									
	0-24	0.53							
	25-29	0.55							
	30-34	0.60							
	35-39	0.42							
	40-44	0.36							
	45-49	0.42							
	50-54	0.48							
	55-59	0.65							
	60-999	0.80							
<b>Term Life - The Standard 4X salary up to 400K round up to next 1K</b>		.085/1K							
<b>Term Life Spouse \$5k</b>		2.48	1.24	0.57					
<b>Term Life Child \$2K</b>		0.99	0.50	0.23					
<b>LTD - The Standard Required if in Retirement Plan No retirees or civil service (fire or police) 60% up to 5K</b>		.470/100 cov pay							