

COS 2025 PLAN YEAR - Active Employee Benefit Rates

60 day waiting period for all employees		Monthly	Semi-Monthly	Weekly	Monthly	Semi-Monthly	Weekly
MEDICAL		BCBS Base Plan			BCBS High Deductible Plan		
Employee	212.46	106.23	49.03	104.62	52.31	24.14	
Employee + 1 Child	341.64	170.82	78.84	168.79	84.40	38.95	
Employee + 2 or more Children	352.42	176.21	81.33	179.98	89.99	41.53	
Employee + Spouse	396.39	198.20	91.47	196.14	98.07	45.26	
Employee + Spouse + 1 Child	520.66	260.33	120.15	260.40	130.20	60.09	
Employee + Spouse + 2 or more Children	545.33	272.67	125.85	269.77	134.89	62.25	
TOBACCO SURCHARGE		Base Plan			High Deductible Plan		
Employee	31.87	15.93	7.35	15.69	7.85	3.62	
Employee + 1 Child	51.25	25.62	11.83	25.32	12.66	5.84	
Employee + 2 or more Children	52.86	26.43	12.20	27.00	13.50	6.23	
Employee + Spouse	59.46	29.73	13.72	29.42	14.71	6.79	
Employee + Spouse + 1 Child	78.10	39.05	18.02	39.06	19.53	9.01	
Employee + Spouse + 2 or more Children	81.80	40.90	18.88	40.47	20.23	9.34	
MEDICAL SURCHARGES		Spousal Surcharge			Wellness Surcharge		
	100.00	50.00	23.08	50.00	25.00	11.54	
BCBSLA - Other Coverage		Dental			Vision		
Employee Only	13.02	6.51	3.00	4.42	2.21	1.02	
Employee + Spouse	25.52	12.76	5.89	8.83	4.42	2.04	
Employee + Child(ren)	38.16	19.08	8.81	9.28	4.64	2.14	
Family	50.64	25.32	11.69	12.94	6.47	2.99	
Accident - The Standard							
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				
Hospital Indemnity - The Standard		Low Plan			High Plan		
Employee	8.16	4.08	1.88	12.60	6.30	2.91	
Employee + Spouse	13.78	6.89	3.18	21.36	10.68	4.93	
Employee + Children	11.62	5.81	2.68	17.58	8.79	4.06	
Family	20.64	10.32	4.76	31.52	15.76	7.28	
Critical Illness rates are per person based on age and Tobacco use for Employee and Spouse when elected.							
Critical Illness - Non-Tobacco		18-29	30-39	40-49	50-59	60-69	70+
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	
Critical Illness - Tobacco		18-29	30-39	40-49	50-59	60-69	70+
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	
Short Term Disability (STD) - after 14 days Disabled				Long Term Disability (LTD) - after 90 days disabled			
Rate is per \$10 of covered weekly benefit amount. (Annual salary divided by 52 x 60% divided by 10) \$30,000 salary / 52 x 60% = 346.16 divided by 10 = 34.61 x (rate for 30 year old) .602 = \$20.83 per month premium or \$10.42 per check for Semi-Monthly	0-24 years	0.533	ERS participants are required to enroll in LTD		.470/100 of covered pay		
	25-29 years	0.553					
	30-34 years	0.602	Term Life Insurance				
	35-39 years	0.423	Employee Life 4x salary		up to 400K (benefit rounded to next 1k)		
	40-44 years	0.357					
	45-49 years	0.416	Spouse Life 5k		2.48	1.24	0.57
	50-54 years	0.477					
	55-59 years	0.649	Child Life \$2K		0.99	0.50	0.23
60-999 years	0.797						

