

Hart Mechanical, Inc.

Year 2013 - 2014 Benefit Costs

Cigna & Humana

Total Monthly Plan Costs

Type of Coverage	Cigna** Medical Rates	Humana Dental Rates	Humana Vision Rates
Single	404.83	33.29	6.64
Parent & Child	931.10	73.26	12.61
Employee & Spouse	1,093.02	72.42	13.28
Family	1,457.36	121.37	19.82

Monthly Plan Costs to Employees

Type of Coverage			
Single	\$ 202.42	\$ 16.65	\$ 6.64
Parent & Child	465.55	36.63	12.61
Employee & Spouse	546.51	36.21	13.28
Family	728.68	60.69	19.82

Weekly Payroll Deductions

Type of Coverage			
Single	\$ 46.71	\$ 3.84	\$ 1.53
Parent & Child	107.43	8.45	2.91
Employee & Spouse	126.12	8.36	3.06
Family	168.16	14.00	4.57

* Based on 52 payrolls per year.

**Note: This plan has Open Access to Network Health Care Providers (No Referral).

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Year 2013 - 2014 Supplemental Life Costs

Humana

Plan: Humana Supplement Life (Available in increments of \$10,000; Minimum of \$10,000, Maximum of \$300,000)
(Please note: Employee is 100% responsible for these costs- See attached table for rates)

Age	Monthly Rate per \$1,000 of coverage
<29	0.09
30-34	0.1
35-39	0.13
40-44	0.21
45-49	0.34
50-54	0.51
55-59	0.82
60-64	1.22
65-69	2.21
70-74	3.68
75-79	8.193
80+	15.263

Cost Calculator

\$ of Coverage	<input type="text"/>
Per Thousand Multiplier (\$/1000)	<input type="text"/>
Rate by Age Bracket	<input type="text"/>
Multiplier X Rate= Cost/Month	<input type="text"/>
Monthly Cost X 12	<input type="text"/>
Annualized Cost / 52	<input type="text"/>
Weekly Deduction	<input type="text"/>