



Rates & Pricing Summary

CITY OF NATALIA

Group ID(s): 703714

Below you will find detailed information about the rates and pricing summary of the plan you selected. The total premium amount shown at the bottom may not include all applicable fees.

MEDICAL - Smpcty NPOS 17 OPT 6 Silver 100% / 50%

Effective Date 10/01/2017

Coverage Type	Rate	Number of employees	Total
Employee	\$572.63	9	\$5,153.67
Employee & Spouse	\$1,145.25	1	\$1,145.25
Employee & Child(ren)	\$1,145.25	2	\$2,290.50
Family	\$1,717.88		\$0.00
Total Monthly Premium:			\$8,589.42

VISION - Humana Vision 130 CHAMBER

Effective Date 10/01/2017

Coverage Type	Rate	Number of employees	Total
Employee	\$6.40	5	\$32.00
Employee & Spouse	\$12.80	3	\$38.40
Employee & Child(ren)	\$12.16	2	\$24.32
Family	\$19.10	2	\$38.20
Total Monthly Premium:			\$132.92

Rates displayed on this screen are based on your company's current enrolled census.



Rates & Pricing Summary

CITY OF NATALIA

ID: 1068086-10001

Basic Life and AD&D

Effective Date 10/01/2017

Coverage Type	Rate	Number of employees	Total
Basic Life – Employee Only 20,000 Benefit	\$0.328 per \$1,000	12	\$78.72
Basic AD&D - Employee Only 20,000 Benefit	\$0.034 per \$1,000	12	\$8.16
Total Monthly Premium:			\$86.88

Dental

Effective Date 10/01/2017

Coverage Type	Rate	Number of employees	Total
Employee	\$21.39	5	\$106.95
Employee & Spouse	\$45.59	3	\$136.77
Employee & Child(ren)	\$50.87	2	\$101.74
Family	\$78.60	2	\$157.20
Total Monthly Premium:			\$502.66

Rates displayed on this screen are based on your company's current enrolled census.