

EXPAT EMPLOYEES IN GEMINI CHILE



REGULAR FULL-TIME PREMIUMS



2017 PLAN YEAR

	TOTAL MONTHLY	EMPLOYER PREMIUM		EMPLOYEE PREMIUM	
	PREMIUM	Monthly	Semi-Monthly	Monthly	Semi-monthly

MEDICAL

C H I L E	MetLife INTERNATIONAL					
	EE Only	\$482.83	\$482.83	\$241.42	\$0.00	\$0.00
	EE + One Dependent	\$1,120.38	\$801.61	\$400.80	\$318.78	\$159.39
	EE + Family	\$1,744.43	\$1,113.63	\$556.82	\$630.80	\$315.40

DENTAL

C H I L E	MetLife INTERNATIONAL					
	EE Only	\$37.50	\$37.50	\$18.75	\$0.00	\$0.00
	EE + One Dependent	\$87.00	\$62.25	\$31.13	\$24.75	\$12.38
	EE + Family	\$135.45	\$86.48	\$43.24	\$48.98	\$24.49

LIFE INSURANCE

Voluntary Life	MONTHLY PREMIUM PER \$10,000 COVERAGE			
CIGNA Group Insurance	EE Smoker	EE Non-Smoker	Spouse	Child(ren)
<25	\$1.27	\$0.67	\$0.60	\$1.20
25-29	\$1.27	\$0.67	\$0.75	
30-34	\$1.42	\$0.75	\$0.97	
35-39	\$1.80	\$0.97	\$1.12	
40-44	\$2.92	\$1.57	\$1.20	
45-49	\$5.02	\$2.62	\$1.80	
50-54	\$8.62	\$4.27	\$2.85	
55-59	\$14.10	\$7.57	\$5.25	
60-64	\$16.27	\$9.30	\$8.10	
65-69	\$26.92	\$16.57	\$15.55	
70-74	\$42.07	\$28.05		

Voluntary AD&D	MONTHLY PREMIUM PER \$1,000 COVERAGE
CIGNA Group Insurance	
Employee	\$0.02
Spouse	\$0.02