



**NOAO, NSO, LSST, CAS**  
**REGULAR FULL-TIME PREMIUMS**  
**2018 PLAN YEAR**

**"New" Cigna Worksite Benefits**

**Critical Illness Insurance**

**Bi-Weekly Cost of Coverage:**

**Benefit Amount: \$5,000**

| Age      | Employee<br>(EE) |         | Employee + Spouse<br>(EE+SP) |         | Employee + Children<br>(EE+CH) |         | Employee + Family<br>(EE+F) |         |
|----------|------------------|---------|------------------------------|---------|--------------------------------|---------|-----------------------------|---------|
|          | Non-Tobacco      | Tobacco | Non-Tobacco                  | Tobacco | Non-Tobacco                    | Tobacco | Non-Tobacco                 | Tobacco |
|          | <25              | \$1.32  | \$1.47                       | \$2.42  | \$2.66                         | \$1.42  | \$1.56                      | \$2.52  |
| 25 to 29 | \$1.42           | \$1.69  | \$2.59                       | \$3.00  | \$1.52                         | \$1.78  | \$2.68                      | \$3.10  |
| 30 to 34 | \$1.62           | \$2.10  | \$2.96                       | \$3.74  | \$1.72                         | \$2.20  | \$3.05                      | \$3.84  |
| 35 to 39 | \$1.98           | \$2.96  | \$3.61                       | \$5.25  | \$2.08                         | \$3.06  | \$3.71                      | \$5.34  |
| 40 to 44 | \$2.44           | \$3.93  | \$4.32                       | \$6.78  | \$2.53                         | \$4.03  | \$4.42                      | \$6.88  |
| 45 to 49 | \$3.26           | \$5.83  | \$5.71                       | \$9.93  | \$3.35                         | \$5.93  | \$5.81                      | \$10.03 |
| 50 to 54 | \$4.75           | \$8.59  | \$7.83                       | \$13.96 | \$4.85                         | \$8.69  | \$7.92                      | \$14.05 |
| 55 to 59 | \$6.60           | \$11.92 | \$10.50                      | \$18.81 | \$6.69                         | \$12.02 | \$10.60                     | \$18.91 |
| 60 to 64 | \$8.51           | \$14.93 | \$13.47                      | \$23.47 | \$8.61                         | \$15.03 | \$13.57                     | \$23.57 |
| 65 to 69 | \$10.36          | \$16.88 | \$16.29                      | \$26.83 | \$10.45                        | \$16.97 | \$16.38                     | \$26.93 |
| 70 to 74 | \$14.22          | \$22.18 | \$22.28                      | \$35.26 | \$14.32                        | \$22.28 | \$22.38                     | \$35.35 |
| 75 to 79 | \$19.65          | \$27.28 | \$29.53                      | \$42.37 | \$19.74                        | \$27.37 | \$29.63                     | \$42.46 |
| 80 to 84 | \$25.14          | \$33.37 | \$36.22                      | \$51.27 | \$25.24                        | \$33.46 | \$36.31                     | \$51.37 |
| 85 to 89 | \$31.13          | \$37.73 | \$48.71                      | \$59.18 | \$31.23                        | \$37.83 | \$48.81                     | \$59.27 |
| 90 to 94 | \$31.13          | \$37.73 | \$48.71                      | \$59.18 | \$31.23                        | \$37.83 | \$48.81                     | \$59.27 |
| 95+      | \$31.13          | \$37.73 | \$48.71                      | \$59.18 | \$31.23                        | \$37.83 | \$48.81                     | \$59.27 |

**Benefit Amount: \$10,000**

| Age      | Employee<br>(EE) |         | Employee + Spouse<br>(EE+SP) |          | Employee + Children<br>(EE+CH) |         | Employee + Family<br>(EE+F) |          |
|----------|------------------|---------|------------------------------|----------|--------------------------------|---------|-----------------------------|----------|
|          | Non-Tobacco      | Tobacco | Non-Tobacco                  | Tobacco  | Non-Tobacco                    | Tobacco | Non-Tobacco                 | Tobacco  |
|          | <25              | \$1.80  | \$2.10                       | \$3.17   | \$3.63                         | \$1.96  | \$2.25                      | \$3.32   |
| 25 to 29 | \$2.01           | \$2.54  | \$3.50                       | \$4.33   | \$2.16                         | \$2.69  | \$3.65                      | \$4.48   |
| 30 to 34 | \$2.41           | \$3.37  | \$4.24                       | \$5.80   | \$2.56                         | \$3.52  | \$4.39                      | \$5.96   |
| 35 to 39 | \$3.13           | \$5.09  | \$5.54                       | \$8.82   | \$3.28                         | \$5.24  | \$5.69                      | \$8.97   |
| 40 to 44 | \$4.04           | \$7.03  | \$6.97                       | \$11.89  | \$4.19                         | \$7.18  | \$7.12                      | \$12.04  |
| 45 to 49 | \$5.67           | \$10.83 | \$9.74                       | \$18.19  | \$5.83                         | \$10.98 | \$9.90                      | \$18.34  |
| 50 to 54 | \$8.66           | \$16.34 | \$13.98                      | \$26.23  | \$8.82                         | \$16.50 | \$14.13                     | \$26.39  |
| 55 to 59 | \$12.35          | \$23.01 | \$19.32                      | \$35.94  | \$12.51                        | \$23.16 | \$19.48                     | \$36.09  |
| 60 to 64 | \$16.18          | \$29.02 | \$25.27                      | \$45.27  | \$16.34                        | \$29.18 | \$25.42                     | \$45.42  |
| 65 to 69 | \$19.88          | \$32.91 | \$30.89                      | \$51.99  | \$20.03                        | \$33.07 | \$31.05                     | \$52.14  |
| 70 to 74 | \$27.60          | \$43.52 | \$42.89                      | \$68.83  | \$27.76                        | \$43.68 | \$43.04                     | \$68.99  |
| 75 to 79 | \$38.45          | \$53.72 | \$57.39                      | \$83.06  | \$38.61                        | \$53.87 | \$57.54                     | \$83.21  |
| 80 to 84 | \$49.44          | \$65.89 | \$70.76                      | \$100.86 | \$49.60                        | \$66.05 | \$70.91                     | \$101.02 |
| 85 to 89 | \$61.43          | \$74.62 | \$95.74                      | \$116.68 | \$61.58                        | \$74.78 | \$95.90                     | \$116.83 |
| 90 to 94 | \$61.43          | \$74.62 | \$95.74                      | \$116.68 | \$61.58                        | \$74.78 | \$95.90                     | \$116.83 |
| 95+      | \$61.43          | \$74.62 | \$95.74                      | \$116.68 | \$61.58                        | \$74.78 | \$95.90                     | \$116.83 |

**Benefit Amount: \$20,000**

| Age      | Employee<br>(EE) |          | Employee + Spouse<br>(EE+SP) |          | Employee + Children<br>(EE+CH) |          | Employee + Family<br>(EE+F) |          |
|----------|------------------|----------|------------------------------|----------|--------------------------------|----------|-----------------------------|----------|
|          | Non-Tobacco      | Tobacco  | Non-Tobacco                  | Tobacco  | Non-Tobacco                    | Tobacco  | Non-Tobacco                 | Tobacco  |
|          | <25              | \$2.77   | \$3.35                       | \$4.65   | \$5.59                         | \$3.03   | \$3.62                      | \$4.92   |
| 25 to 29 | \$3.18           | \$4.24   | \$5.31                       | \$6.98   | \$3.45                         | \$4.51   | \$5.58                      | \$7.25   |
| 30 to 34 | \$3.98           | \$5.89   | \$6.80                       | \$9.93   | \$4.24                         | \$6.16   | \$7.06                      | \$10.20  |
| 35 to 39 | \$5.41           | \$9.34   | \$9.40                       | \$15.96  | \$5.68                         | \$9.60   | \$9.67                      | \$16.22  |
| 40 to 44 | \$7.24           | \$13.22  | \$12.26                      | \$22.10  | \$7.51                         | \$13.48  | \$12.53                     | \$22.37  |
| 45 to 49 | \$10.51          | \$20.81  | \$17.81                      | \$34.70  | \$10.78                        | \$21.08  | \$18.08                     | \$34.97  |
| 50 to 54 | \$16.49          | \$31.85  | \$26.28                      | \$50.79  | \$16.76                        | \$32.11  | \$26.54                     | \$51.06  |
| 55 to 59 | \$23.87          | \$45.18  | \$36.97                      | \$70.20  | \$24.14                        | \$45.45  | \$37.24                     | \$70.47  |
| 60 to 64 | \$31.53          | \$57.21  | \$48.85                      | \$88.86  | \$31.80                        | \$57.48  | \$49.12                     | \$89.12  |
| 65 to 69 | \$38.91          | \$64.99  | \$60.11                      | \$102.30 | \$39.18                        | \$65.26  | \$60.38                     | \$102.57 |
| 70 to 74 | \$54.37          | \$86.21  | \$84.10                      | \$135.99 | \$54.64                        | \$86.48  | \$84.37                     | \$136.26 |
| 75 to 79 | \$76.07          | \$106.60 | \$113.10                     | \$164.43 | \$76.34                        | \$106.87 | \$113.37                    | \$164.70 |
| 80 to 84 | \$98.05          | \$130.95 | \$139.83                     | \$200.05 | \$98.32                        | \$131.22 | \$140.10                    | \$200.32 |
| 85 to 89 | \$122.01         | \$148.41 | \$189.81                     | \$231.68 | \$122.28                       | \$148.67 | \$190.08                    | \$231.95 |
| 90 to 94 | \$122.01         | \$148.41 | \$189.81                     | \$231.68 | \$122.28                       | \$148.67 | \$190.08                    | \$231.95 |
| 95+      | \$122.01         | \$148.41 | \$189.81                     | \$231.68 | \$122.28                       | \$148.67 | \$190.08                    | \$231.95 |

| Cigna Accidental Injury Insurance |          |
|-----------------------------------|----------|
| Bi-Weekly Cost of Coverage:       |          |
| Tier                              | Low Plan |
| Employee                          | \$3.49   |
| Employee + spouse                 | \$6.13   |
| Employee + child(ren)             | \$6.56   |
| Family                            | \$8.93   |

| Cigna Hospital Care Insurance |           |
|-------------------------------|-----------|
| Bi-Weekly Cost of Coverage:   |           |
| Tier                          | HC Plan 1 |
| Employee Only                 | \$8.82    |
| Employee & Spouse             | \$18.79   |
| Employee & Child(ren)         | \$14.50   |
| Employee & Family             | \$24.47   |