

EXPAT EMPLOYEES IN GEMINI CHILE



REGULAR FULL-TIME PREMIUMS



2018 PLAN YEAR

Updated 10/20/2017

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

MEDICAL

MetLife INTERNATIONAL					
EE Only	\$506.97	\$506.97	\$253.49	\$0.00	\$0.00
EE + One Dependent	\$1,176.40	\$841.69	\$420.84	\$334.72	\$167.36
EE + Family	\$1,831.65	\$1,169.31	\$584.66	\$662.34	\$331.17

DENTAL

MetLife INTERNATIONAL					
EE Only	\$39.38	\$39.38	\$19.69	\$0.00	\$0.00
EE + One Dependent	\$91.35	\$65.37	\$32.68	\$25.99	\$12.99
EE + Family	\$142.22	\$90.80	\$45.40	\$51.42	\$25.71

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