

# **U.S. Benefits Rate Sheets\***

## **2018 Open Enrollment**

**\*For Non-SCA Members**



# 2018 MEDICAL RATES

## 2018 Plans, Monthly Rates and Monthly Surcharges

Benefit Plan	Coverage	Monthly Member Rate	Monthly tobacco Surchage*	Monthly Working Spouse Surchage**
CGI Select (BCBS of AL)	Employee Only	\$90.13	\$50	N/A
	Employee + Spouse	\$254.20	\$50	\$100
	Employee + Child(ren)	\$194.71	\$50	N/A
	Family	\$376.79	\$50	\$100
CGI Essential (BCBS of AL)	Employee Only	\$54.55	\$50	N/A
	Employee + Spouse	\$179.49	\$50	\$100
	Employee + Child(ren)	\$130.67	\$50	N/A
	Family	\$266.51	\$50	\$100

*Note: Payroll deductions will occur over 26 pay periods in 2018.*

*\* The tobacco surcharge applies to members only (not applicable to spouses and dependents). Members will default to tobacco user rates unless you specify otherwise during open enrollment.*

*\*\* The working spouse surcharge applies to members who elect to cover a spouse or eligible partner under CGI's medical plan. Members will default to working spouse rates unless you specify otherwise during open enrollment.*

# 2018 DENTAL RATES

2018 Dental Plans and Rates		
Benefit Plan	Coverage	Monthly Member Rate
<b>Select Dental (Delta Dental)</b>	Employee Only	\$20.96
	Employee + Spouse / Domestic Partner	\$41.92
	Employee + Child(ren)	\$46.10
	Family	\$67.06
<b>Essential Dental (Delta Dental)</b>	Employee Only	\$11.62
	Employee + Spouse / Domestic Partner	\$23.24
	Employee + Child(ren)	\$25.57
	Family	\$37.18

# 2018 VISION RATES

2018 Vision Plans and Rates		
Benefit Plan	Coverage	Member Monthly Rates
<b>Select Vision (UnitedHealthcare)</b>	Employee Only	\$10.93
	Employee + Spouse / Domestic Partner	\$15.18
	Employee + Child(ren)	\$15.91
	Family	\$28.41
<b>Essential Vision (UnitedHealthcare)</b>	Employee Only	\$4.94
	Employee + Spouse / Domestic Partner	\$9.89
	Employee + Child(ren)	\$10.89
	Family	\$15.82
<b>Choice Vision (VSP)</b>	Employee Only	\$7.09
	Employee + Spouse / Domestic Partner	\$14.18
	Employee + Child(ren)	\$15.60
	Family	\$22.69

# 2018 SUPPLEMENTAL MEMBER AND SPOUSAL LIFE RATES

	Member Life		Spouse Life	
Age	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)	Smoker (Rate/\$1,000)	Nonsmoker (Rate/\$1,000)
Under 25	\$0.039	\$0.029	\$0.041	\$0.031
25–29	\$0.046	\$0.035	\$0.049	\$0.037
30-34	\$0.062	\$0.046	\$0.066	\$0.049
35-39	\$0.070	\$0.056	\$0.074	\$0.055
40-44	\$0.077	\$0.063	\$0.083	\$0.061
45-49	\$0.116	\$0.092	\$0.124	\$0.092
50-54	\$0.178	\$0.145	\$0.190	\$0.141
55-59	\$0.332	\$0.273	\$0.355	\$0.264
60-64	\$0.510	\$0.418	\$0.546	\$0.405
65-69	\$0.982	\$0.784	\$1.050	\$0.780
70-74	\$1.593	\$1.228	\$1.703	\$1.264
75+	\$1.593	\$1.228	\$1.703	\$1.264

## Supplemental Accidental Death and Dismemberment and Child Life Insurance Monthly Costs (Member-Paid)

(Rates per \$1,000 in coverage)

Supplemental AD&D and Child Life Rates per \$1,000	
Coverage	Rate/\$1,000
Supplemental AD&D – Employee	\$0.018
Supplemental AD&D – Family	\$0.030
Child Life	\$0.084