

Delta Solutions & Strategies, LLC - Rate Sheet - 2023
 Class 1 - All Full Time Employees (Excluding Union Employees)

		Anthem Blue Cross/Blue Shield		
		BlueClassic PPO 21		
		30/60/3000/6500/70% (\$15/\$50/\$75/30% to \$350, Tiered)		
		Full Rate	Employer Portion Per Month	Employee Portion Per Month
Medical Rates:				
	Employee	\$ 816.55	\$ 816.55	\$ -
	Employee & Spouse	\$ 1,640.18	\$ 1,145.87	\$ 494.31
	Employee & Child(ren)	\$ 1,517.16	\$ 1,134.93	\$ 382.23
	Employee & Family	\$ 2,337.24	\$ 1,207.86	\$ 1,129.38

		Anthem Blue Cross/Blue Shield		
		HSA Compatible PPO Plan 28E (0%/0%/0%/0%)		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Medical Rates:				
	Employee	\$ 662.73	\$ 662.73	\$ -
	Employee & Spouse	\$ 1,331.21	\$ 1,215.04	\$ 116.17
	Employee & Child(ren)	\$ 1,231.36	\$ 1,198.91	\$ 32.45
	Employee & Family	\$ 1,896.96	\$ 1,306.43	\$ 590.53

		Aflac Accident & Aflac Hospital		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Employee covered, if enrolled in Medical				
	Accident - Employee	\$ 16.78	\$ 16.78	\$ -
	Hospital - Employee	\$ 22.28	\$ 22.28	\$ -

		TeleHealth		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
TeleHealth Rates:				
	Employee (rate includes coverage for dependents)	\$ 9.10	\$ -	\$ 9.10

		Humana Dental		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Dental Rates:				
	Employee	\$ 47.65	\$ 47.65	\$ -
	Employee & Spouse	\$ 108.23	\$ 50.56	\$ 57.67
	Employee & Child(ren)	\$ 97.61	\$ 49.74	\$ 47.87
	Employee & Family	\$ 161.04	\$ 52.74	\$ 108.30

		EyeMed Vision		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Vision Rates:				
	Employee	\$ 8.47	\$ 8.47	\$ -
	Employee & Spouse	\$ 16.09	\$ 8.47	\$ 7.62
	Employee & Child(ren)	\$ 16.94	\$ 8.47	\$ 8.47
	Employee & Family	\$ 24.90	\$ 8.47	\$ 16.43

		Mutual of Omaha Basic Life and AD&D		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Employee (\$50,000 Life and AD&D is covered at 100% by Delta Solutions & Strategies, LLC)			100%	\$0.00

		Mutual of Omaha Short Term Disability		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Employee (Short term Disability is covered at 100% by Delta Solutions & Strategies, LLC)			100%	\$0.00
	According to your Income		100%	\$0.00

		Mutual of Omaha Long Term Disability		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Employee (Long Term Disability is covered at 100% by Delta Solutions & Strategies, LLC)			100%	\$0.00
	According to your Income		100%	\$0.00

		Unum Long Term Care		
		Full Rate Per Month	Employer Portion Per Month	Employee Portion Per Month
Employee (Long Term Care Plan 1 (\$2,000 monthly benefit/3 Years/50% Professional Home & Community Care) for the employee covered at 100% by Delta Solutions & Strategies, LLC. The Employee pays nothing.			100%	\$0.00

NOTE: for Additional Coverage and/or coverage for your dependents or family member additional premium will apply.

Voluntary Life and AD&D is offered at 100% employee paid- Additional coverage is available for you the employee, your spouse and your children, please see the next page for Voluntary Life and AD&D rates.