

NantWorks
2025 Plan Year Rate Sheet
Effective January 1, 2025

Medical

Blue Shield HMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$759.85	\$1,671.68	\$1,367.75	\$2,355.53
Employer Monthly Rate	\$607.88	\$1,337.34	\$1,094.20	\$1,884.42
Employee Monthly Rate	\$151.97	\$334.34	\$273.55	\$471.11
Bi-Weekly Payroll Deduction	\$70.14	\$154.31	\$126.25	\$217.44
Monthly COBRA Rate	\$775.05	\$1,705.11	\$1,395.11	\$2,402.64

Rate Guarantee 12 months (1/1/2025 - 12/31/2025)

Blue Shield PPO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$926.92	\$2,037.48	\$1,667.03	\$2,871.01
Employer Monthly Rate	\$741.54	\$1,629.98	\$1,333.62	\$2,296.81
Employee Monthly Rate	\$185.38	\$407.50	\$333.41	\$574.20
Bi-Weekly Payroll Deduction	\$85.56	\$188.08	\$153.88	\$265.02
Monthly COBRA Rate	\$945.46	\$2,078.23	\$1,700.37	\$2,928.43

Rate Guarantee 12 months (1/1/2025 - 12/31/2025)

UHC Global PPO	Employee Only	Two Party	Family
Monthly Rates	\$471.35	\$942.70	\$1,508.33
Employer Monthly Rate	\$471.35	\$942.70	\$1,508.33
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00
Monthly COBRA Rate	\$480.78	\$961.55	\$1,538.50

Rate Guarantee 12 months (1/1/2025 - 12/31/2025)

Dental

Delta DPPO Low	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$49.85	\$101.82	\$120.56	\$185.42
Employer Monthly Rate	\$39.88	\$81.46	\$96.45	\$148.34

Employee Monthly Rate	\$9.97	\$20.36	\$24.11	\$37.08
Bi-Weekly Payroll Deduction	\$4.60	\$9.40	\$11.13	\$17.11
Monthly COBRA Rate	\$50.85	\$103.86	\$122.97	\$189.13

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
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Delta DPPO High	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$51.47	\$104.76	\$122.39	\$188.78
Employer Monthly Rate	\$41.18	\$83.81	\$97.91	\$151.02
Employee Monthly Rate	\$10.29	\$20.95	\$24.48	\$37.76
Bi-Weekly Payroll Deduction	\$4.75	\$9.67	\$11.30	\$17.43
Monthly COBRA Rate	\$52.50	\$106.86	\$124.84	\$192.56

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
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Delta DHMO	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$15.75	\$30.70	\$33.21	\$48.01
Employer Monthly Rate	\$12.60	\$24.56	\$26.57	\$38.41
Employee Monthly Rate	\$3.15	\$6.14	\$6.64	\$9.60
Bi-Weekly Payroll Deduction	\$1.45	\$2.83	\$3.06	\$4.43
Monthly COBRA Rate	\$16.07	\$31.31	\$33.87	\$48.97

Rate Guarantee	24 months	(1/1/2025 - 12/31/2026)
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UHC Global DPPO	Employee Only	Two Party	Family
Monthly Rates	\$61.44	\$121.07	\$213.34
Employer Monthly Rate	\$61.44	\$121.07	\$213.34
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00
Monthly COBRA Rate	\$62.67	\$123.49	\$217.61

Rate Guarantee	12 months	(1/1/2025 - 12/31/2025)
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Vision

EyeMed Base Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$5.53	\$10.51	\$11.06	\$16.26
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$5.53	\$10.51	\$11.06	\$16.26
Bi-Weekly Payroll Deduction	\$2.55	\$4.85	\$5.10	\$7.50

Monthly COBRA Rate	\$5.64	\$10.72	\$11.28	\$16.59
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Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
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EyeMed Buy Up Plan	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee+ Family
Monthly Rates	\$10.30	\$19.56	\$20.59	\$30.27
Employer Monthly Rate	\$0.00	\$0.00	\$0.00	\$0.00
Employee Monthly Rate	\$10.30	\$19.56	\$20.59	\$30.27
Bi-Weekly Payroll Deduction	\$4.75	\$9.03	\$9.50	\$13.97
Monthly COBRA Rate	\$10.51	\$19.95	\$21.00	\$30.88

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
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UHC Global Vision	Employee Only	Two Party	Family
Monthly Rates	\$7.35	\$13.40	\$23.23
Employer Monthly Rate	\$7.35	\$13.40	\$23.23
Employee Monthly Rate	\$0.00	\$0.00	\$0.00
Bi-Weekly Payroll Deduction	\$0.00	\$0.00	\$0.00
Monthly COBRA Rate	\$7.50	\$13.67	\$23.69

Rate Guarantee	12 months	(1/1/2025 - 12/31/2025)
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Life/AD&D

UNUM Basic Life	Basic Life	Basic AD&D
Monthly Rate per \$1,000	\$0.058	\$0.015
Bi-Weekly Rate per \$1,000	\$0.027	\$0.007

Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
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UNUM Voluntary Life	Voluntary Life	Voluntary AD&D	Monthly Total	Bi-Weekly Total
Monthly Rate per \$1,000				
< 25	\$0.054	\$0.028	\$0.082	\$0.038
25 - 29	\$0.054	\$0.028	\$0.082	\$0.038
30 - 34	\$0.054	\$0.028	\$0.082	\$0.038
35 - 39	\$0.061	\$0.028	\$0.089	\$0.041
40 - 44	\$0.108	\$0.028	\$0.136	\$0.063
45 - 49	\$0.162	\$0.028	\$0.190	\$0.088
50 - 54	\$0.216	\$0.028	\$0.244	\$0.113
55 - 59	\$0.405	\$0.028	\$0.433	\$0.200

60 - 64	\$0.594	\$0.028	\$0.622	\$0.287
65 - 69	\$0.891	\$0.028	\$0.919	\$0.424
70 - 74	\$1.863	\$0.028	\$1.891	\$0.873
75 +	\$1.863	\$0.028	\$1.891	\$0.873
Spouse Rate per \$1,000	\$0.171	\$0.028	\$0.199	\$0.092
Child Rate per \$1,000	\$0.232	\$0.028	\$0.260	\$0.120
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)		

Disability

UNUM STD	STD - Core	STD - Buy Up
Monthly Rate per \$10	\$0.140	\$0.162
Bi-Weekly Rate per \$10	\$0.065	\$0.075
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)
UNUM LTD	LTD - Core	LTD - Buy Up
Monthly Rate per \$100	\$0.100	\$0.250
Bi-Weekly Rate per \$100	\$0.046	\$0.115
Rate Guarantee	36 months	(1/1/2025 - 12/31/2027)

Additional Benefits

Partner Name	Plan Name	Notes
UNUM	FMLA	\$1.80 PEPM
UNUM	NY DBL/PFL	
UNUM	CO PFML	
UNUM	HI TDI	