



# BENEFITS PRICING



## Medical

Eagle Horizon Group will pay 75% of the monthly premium for employee only. See age chart below for monthly premium cost. **If you would like to add spouse or dependents use full pricing of age chart.**

Under 15						Over 64
\$282.90	15 - \$308.05	25 - \$371.29	35 - \$451.91	45 - \$534.01	55 - \$824.68	\$1,109.43
	16 - \$317.67	26 - \$378.69	36 - \$454.87	46 - \$554.72	56 - \$862.77	
	17 - \$327.28	27 - \$387.56	37 - \$457.82	47 - \$578.01	57 - \$901.23	
	18 - \$337.64	28 - \$401.98	38 - \$460.78	48 - \$604.64	58 - \$942.28	
	19 - \$347.99	29 - \$413.82	39 - \$466.70	49 - \$630.90	59 - \$962.62	
	20 - \$358.72	30 - \$419.73	40 - \$472.62	50 - \$660.48	60 - \$1,003.66	
	21 - \$369.81	31 - \$428.61	41 - \$481.49	51 - \$689.70	61 - \$1,039.17	
	22 - \$369.81	32 - \$437.49	42 - \$490.00	52 - \$721.87	62 - \$1,062.46	
	23 - \$369.81	33 - \$443.03	43 - \$501.83	53 - \$754.41	63 - \$1,091.68	
	24 - \$369.81	34 - \$448.95	44 - \$516.62	54 - \$789.54		



## Vision

Eagle horizon will pay 100% of the cost of vision for employee only. Spouse and dependents can enroll at the cost outlined below.

Employee	Employee + Spouse	Employee + Child	Employee + Family
\$5.71/mo.	\$12.01/mo.	\$14.08/mo.	\$20.79/mo.



## Dental

Eagle horizon will pay 100% of the cost of Dental for employee only. Spouse and dependents can enroll at the cost outlined below.

Employee	Employee + Spouse	Employee + Child	Employee + Family
\$42.85/mo.	\$85.70/mo.	\$93.60/mo.	\$143.23/mo.