



# Medical Deductions 10/1/2017

<u>Bi-Weekly (26)</u>	Basic - \$1,500 Deductible	Premium - \$500 Deductible
<b>Non-Tobacco User - Participating in Wellness (Both Wellness &amp; Tobacco Discounts)</b>		
Employee	\$11.54	\$20.77
Employee and Spouse	\$69.23	\$83.08
Employee and Child(ren)	\$66.92	\$80.77
Family	\$138.46	\$161.54

<u>Bi-Weekly (26)</u>	Basic - \$1,500 Deductible	Premium - \$500 Deductible
<b>Tobacco User - Not Participating in Wellness (No Discounts)</b>		
Employee	\$80.77	\$92.31
Employee and Spouse	\$138.46	\$152.31
Employee and Child(ren)	\$136.15	\$150.00
Family	\$207.69	\$230.77



# Medical Deductions 10/1/2017

<u>Bi-Weekly (26)</u>	Basic - \$1,500 Deductible	Premium - \$500 Deductible
<b>Non-Tobacco User – Not Participating in Wellness (Non-Tobacco User Discount Only)</b>		
Employee	\$46.15	\$55.38
Employee and Spouse	\$103.85	\$117.69
Employee and Child(ren)	\$101.54	\$115.38
Family	\$173.08	\$196.15

<u>Bi-Weekly (26)</u>	Basic - \$1,500 Deductible	Premium - \$500 Deductible
<b>Tobacco User - Participating in Wellness (Wellness Discount Only)</b>		
Employee	\$46.15	\$55.38
Employee and Spouse	\$103.85	\$117.69
Employee and Child(ren)	\$101.54	\$115.38
Family	\$173.08	\$196.15



# Dental Deductions 10/1/2017

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Guardian Dental	Employees Pays Per Paycheck (26)
Employee	\$0.00
Employee + 1 (Spouse or Child)	\$12.30
Family	\$19.06





# Vision Deductions 10/1/2017

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EyeMed Vision Guaranteed for 3 years!	Employees Pays Per Paycheck (26)
Employee	\$2.58
Employee + 1 (Spouse or Child)	\$4.89
Family	\$7.16





# Voluntary Life and AD&D Rates

Age Band	Under 30	30 - 34	35 -39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75+
<b>Volume</b>											
<b>Semi-Monthly</b>	<b>\$0.04</b>	<b>\$0.04</b>	<b>\$0.05</b>	<b>\$0.08</b>	<b>\$0.11</b>	<b>\$0.18</b>	<b>\$0.27</b>	<b>\$0.42</b>	<b>\$0.78</b>	<b>\$1.05</b>	<b>\$1.86</b>
\$10,000	\$0.35	\$0.40	\$0.50	\$0.75	\$1.05	\$1.80	\$2.65	\$4.15	\$7.75	\$10.45	\$18.55
\$20,000	\$0.70	\$0.80	\$1.00	\$1.50	\$2.10	\$3.60	\$5.30	\$8.30	\$15.50	\$20.90	\$37.10
\$30,000	\$1.05	\$1.20	\$1.50	\$2.25	\$3.15	\$5.40	\$7.95	\$12.45	\$23.25	\$31.35	\$55.65
\$40,000	\$1.40	\$1.60	\$2.00	\$3.00	\$4.20	\$7.20	\$10.60	\$16.60	\$31.00	\$41.80	\$74.20
\$50,000	\$1.75	\$2.00	\$2.50	\$3.75	\$5.25	\$9.00	\$13.25	\$20.75	\$38.75	\$52.25	\$92.75
\$60,000	\$2.10	\$2.40	\$3.00	\$4.50	\$6.30	\$10.80	\$15.90	\$24.90	\$46.50	\$62.70	\$111.30
\$70,000	\$2.45	\$2.80	\$3.50	\$5.25	\$7.35	\$12.60	\$18.55	\$29.05	\$54.25	\$73.15	\$129.85
\$80,000	\$2.80	\$3.20	\$4.00	\$6.00	\$8.40	\$14.40	\$21.20	\$33.20	\$62.00	\$83.60	\$148.40
\$90,000	\$3.15	\$3.60	\$4.50	\$6.75	\$9.45	\$16.20	\$23.85	\$37.35	\$69.75	\$94.05	\$166.95
\$100,000	\$3.50	\$4.00	\$5.00	\$7.50	\$10.50	\$18.00	\$26.50	\$41.50	\$77.50	\$104.50	\$185.50
\$110,000	\$3.85	\$4.40	\$5.50	\$8.25	\$11.55	\$19.80	\$29.15	\$45.65	\$85.25	\$114.95	\$204.05
\$120,000	\$4.20	\$4.80	\$6.00	\$9.00	\$12.60	\$21.60	\$31.80	\$49.80	\$93.00	\$125.40	\$222.60
\$130,000	\$4.55	\$5.20	\$6.50	\$9.75	\$13.65	\$23.40	\$34.45	\$53.95	\$100.75	\$135.85	\$241.15
\$140,000	\$4.90	\$5.60	\$7.00	\$10.50	\$14.70	\$25.20	\$37.10	\$58.10	\$108.50	\$146.30	\$259.70
\$150,000	\$5.25	\$6.00	\$7.50	\$11.25	\$15.75	\$27.00	\$39.75	\$62.25	\$116.25	\$156.75	\$278.25
\$200,000	\$7.00	\$8.00	\$10.00	\$15.00	\$21.00	\$36.00	\$53.00	\$83.00	\$155.00	\$209.00	\$371.00
\$250,000	\$8.75	\$10.00	\$12.50	\$18.75	\$26.25	\$45.00	\$66.25	\$103.75	\$193.75	\$261.25	\$463.75
\$300,000	\$10.50	\$12.00	\$15.00	\$22.50	\$31.50	\$54.00	\$79.50	\$124.50	\$232.50	\$313.50	\$556.50
\$350,000	\$12.25	\$14.00	\$17.50	\$26.25	\$36.75	\$63.00	\$92.75	\$145.25	\$271.25	\$365.75	\$649.25
\$400,000	\$14.00	\$16.00	\$20.00	\$30.00	\$42.00	\$72.00	\$106.00	\$166.00	\$310.00	\$418.00	\$742.00
\$450,000	\$15.75	\$18.00	\$22.50	\$33.75	\$47.25	\$81.00	\$119.25	\$186.75	\$348.75	\$470.25	\$834.75
\$500,000	\$17.50	\$20.00	\$25.00	\$37.50	\$52.50	\$90.00	\$132.50	\$207.50	\$387.50	\$522.50	\$927.50

*Premium increases as enrollee jumps into the next age bracket.*





## Voluntary Short Term Disability Rates

<b>Age Band</b>	<b>Rates Per \$10 Weekly Benefit Monthly</b>
Below 20	\$0.294
20-24	\$0.295
25-29	\$0.306
30-34	\$0.288
35-39	\$0.277
40-44	\$0.299
45-49	\$0.324
50-54	\$0.403
55-59	\$0.538
60-64	\$0.680
65-69	\$0.695
70-74	\$0.785
75-79	\$0.785
80-84	\$0.785
85-89	\$0.785
90-94	\$0.785
95-99	\$0.785
100 and above	\$0.785

*Premium increases as enrollee jumps into the next age bracket.*

