BENEFITS RATES

Medical Insurance –UHC – The County shares the cost of the premium with employee

Plan	Level of Coverage	Actual Cost	Monthly Employer Portion	Biweekly Employer Portion	Monthly Employee Portion	Biweekly Employee Portion
HMO	EE Only	$957.00	$926.00	$463.00	$31.00	$15.50
	EE + 1	$1,962.00	$1,761.00	$880.50	$201.00	$100.50
	EE + 2 or more	$2,679.00	$2,339.00	$1,169.50	$340.00	$170.00
	Overage Dep*	$574.00	$0.00	$0.00	$574.00	$287.00
CHOICE	EE Only	$996.00	$947.00	$473.50	$49.00	$24.50
	EE + 1	$2,036.00	$1,761.00	$880.50	$275.00	$137.50
	EE + 2 or more	$2,781.00	$2,339.00	$1,169.50	$442.00	$221.00
	Overage Dep*	$598.00	$0.00	$0.00	$598.00	$299.00
POS	EE Only	$1,054.00	$987.00	$493.50	$67.00	$33.50
	EE + 1	$2,123.00	$1,795.00	$897.50	$328.00	$164.00
	EE + 2 or more	$2,904.00	$2,403.00	$1,201.50	$501.00	$250.50
	Overage Dep*	$632.00	$0.00	$0.00	$632.00	$316.00

***Overage Dependent**: Additional amounts for each dep. age 26– 30 will be added to rates for other levels of coverage and 100% employee paid on a post- tax basis.

Dental Insurance – Solstice Benefits, Inc. – Premiums are 100% employee paid

Plans	Solstice Basic DHMO S700B-PBC (Plan # 13123)		Solstice Low PPO (Plan # 11424)		Solstice High PPO (Plan # 11425)	
Level of Coverage	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction
EE Only	$11.60	$5.80	$18.24	$9.12	$35.68	$17.84
EE + 1†	$19.82	$9.91	$34.62	$17.31	$68.40	$34.20
EE + 2†	$26.82	$13.43	$42.36	$21.18	$79.00	$39.50
EE + 3 or more	$35.44	$17.72	$58.82	$29.41	$111.76	$55.88

Plans	Solstice Enhanced DHMO S200B-PBC (Plan # 13122)		Solstice Premier PPO (Plan # 11426)	
Level of Coverage	Monthly Cost	Biweekly Deduction	Monthly Cost	Biweekly Deduction
EE Only	$14.88	$7.44	$44.22	$22.11
EE + 1†	$26.04	$13.02	$84.76	$42.38
EE + 2†	$32.24	$16.12	$97.92	$48.96
EE + 3 or more	$40.94	$20.47	$138.50	$69.25

BENEFITS RATES

FLEXIBLE SPENDING ACCOUNTS – P & A Administrative Services, Inc. - Contributions are based on 27 pay periods

- Healthcare FSA contributions: $260 min **$3,300** max annually or $9.63 **$122.22** bi-weekly
- Dependent Care FSA contributions: $260 min **$7,500** max annually or $9.63 min – **$277.78** bi-weekly

Term Life & AD&D Insurance/Additional Life & AD&D/Spouse Life & AD&D/Child Life –The Standard

- **Free Basic Term Life:** EE Only - $25,000 + $15,000 AD&D coverage - 100% employer paid
- **Additional/Supplement Life & AD&D** – EE Only - $10,000 increments up to $500,000 – 100% employee paid
- **Spouse Term Life and *Spouse AD&D Insurance** - 100% employee paid $5,000 increments up to $100,000 not to exceed 100% of employee's total coverage
- **Child Life:** $5,000 or $10,000 coverage amount - 100% employee paid
- There may be a slight variance of life insurance premiums reflected on the paycheck due to rounding

Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-weekly Rate	Coverage Amount	Bi-weekly Rate	SPOUSE Coverage Amount	Bi-weekly Rate
$10,000	$1.83	$210,000	$38.33	$410,000	$74.83	$5,000	$0.91
$20,000	$3.65	$220,000	$40.15	$420,000	$76.65	$10,000	$1.83
$30,000	$5.48	$230,000	$41.98	$430,000	$78.48	$15,000	$2.74
$40,000	$7.30	$240,000	$43.80	$440,000	$80.30	$20,000	$3.65
$50,000	$9.13	$250,000	$45.63	$450,000	$82.13	$25,000	$4.56
$60,000	$10.95	$260,000	$47.45	$460,000	$83.95	$30,000	$5.48
$70,000	$12.78	$270,000	$49.28	$470,000	$85.78	$35,000	$6.39
$80,000	$14.60	$280,000	$51.10	$480,000	$87.60	$40,000	$7.30
$90,000	$16.43	$290,000	$52.93	$490,000	$89.43	$45,000	$8.21
$100,000	$18.25	$300,000	$54.75	$500,000	$91.25	$50,000	$9.13
$110,000	$20.08	$310,000	$56.58			$55,000	$10.04
$120,000	$21.90	$320,000	$58.40			$60,000	$10.95
$130,000	$23.73	$330,000	$60.23			$65,000	$11.86
$140,000	$25.55	$340,000	$62.05			$70,000	$12.78
$150,000	$27.38	$350,000	$63.88			$75,000	$13.69
$160,000	$29.20	$360,000	$65.70			$80,000	$14.60
$170,000	$31.03	$370,000	$67.53			$85,000	$15.51
$180,000	$32.85	$380,000	$69.35			$90,000	$16.43
$190,000	$34.68	$390,000	$71.18			$95,000	$17.34
$200,000	$36.50	$400,000	$73.00			$100,000	$18.25

- **Child Life Coverage amounts of $5,000 and $10,000:** $5,000 coverage amount @ premium rate of $0.18 bi-weekly; $10,000 coverage amount @ $0.37 bi-weekly
- **Short Term Disability Insurance – The Standard** EE Only - Weekly benefit is 67% of gross/max $1,200/week. 100% employee paid $11.83 Bi-weekly Rate
- **Long Term Disability Insurance – The Standard Free Basic LTD –** EE Only – must have HMO or CHOICE medical plan. Monthly benefit is 50% of monthly gross/max $1,000/month. ***100% Employer paid.***
- **Voluntary /Buy-Up LTD – The Standard Free Basic LTD –** EE Only - Monthly benefit is 60% of monthly gross / max $5,000/month. 100% employee paid. Cost is based on salary. Use formula to calculate rate:
  - Employee with HMO/CHOICE: Annual salary ÷ 12 months x .00492 - $4.60 = monthly ÷ 2 = bi-weekly rate
  - Employee without HMO/CHOICE: Annual salary ÷ 12 months x .00634 = monthly ÷ 2 = bi-weekly rate

Example: HMO/CHOICE EE @ $50,000/year will pay $7.95 bi-weekly ♦Non-HMO/Non-CHOICE EE @ $50,000 will pay $13.21 bi-weekly

- All Rates are subject to change.
- The same rates apply for medical, dental and life coverage that include domestic partner. However, the costs for the domestic partner/eligible domestic partner dependent will be deducted on a post-tax basis.