## JULY 1, 2017 - JUNE 30, 2018 INSURANCE RATES

**MEDICAL:** Aetna (PPO)

Annual Salary ↓	Employee	Employee +	Employee+	Employee + Spouse			
Annual Salary V	, ,	Child(ren)	Spouse	+ Child(ren)			
Employee Per Pay Premium - Bi-weekly 26 Pay Cycle							
<\$30,000	\$20.28	\$53.82	\$75.28	\$100.45			
\$30,000 - \$34,999	\$22.21	\$58.94	\$82.45	\$110.02			
\$35,000 - \$39,999	\$24.63	\$65.35	\$91.42	\$121.97			
\$40,000 - \$44,999	\$27.53	\$73.04	\$102.17	\$136.32			
\$45,000 - \$49,999	\$30.42	\$80.73	\$112.93	\$150.67			
\$50,000 - \$59,999	\$36.22	\$96.10	\$134.44	\$179.37			
\$60,000 - \$69,999	\$42.01	\$111.48	\$155.95	\$208.07			
\$70,000 - \$89,999	\$47.81	\$126.86	\$177.46	\$236.77			
\$90,000 - \$109,999	\$50.70	\$134.54	\$188.21	\$251.12			
>= \$110,000	\$53.60	\$142.23	\$198.96	\$265.47			
Employee Per Pay Premium - Semi-monthly 24 Pay Cycle							
<\$30,000	\$21.97	\$58.30	\$81.56	\$108.82			
\$30,000 - \$34,999	\$24.06	\$63.86	\$89.33	\$119.18			
\$35,000 - \$39,999	\$26.68	\$70.80	\$99.03	\$132.14			
\$40,000 - \$44,999	\$29.82	\$79.12	\$110.68	\$147.68			
\$45,000 - \$49,999	\$32.96	\$87.45	\$122.34	\$163.23			
\$50,000 - \$59,999	\$39.24	\$104.11	\$145.64	\$194.32			
\$60,000 - \$69,999	\$45.51	\$120.77	\$168.94	\$225.41			
\$70,000 - \$89,999	\$51.79	\$137.43	\$192.24	\$256.50			
\$90,000 - \$109,999	\$54.93	\$145.76	\$203.89	\$272.05			
>=\$110,000	\$58.07	\$154.08	\$215.54	\$287.59			
Employee Per Pay Premium - Non-12 month 17 Pays							
<\$30,000	\$31.02	\$82.31	\$115.14	\$153.63			
\$30,000 - \$34,999	\$33.97	\$90.15	\$126.11	\$168.26			
\$35,000 - \$39,999	\$37.67	\$99.95	\$139.81	\$186.55			
\$40,000 - \$44,999	\$42.10	\$111.71	\$156.26	\$208.49			
\$45,000 - \$49,999	\$46.53	\$123.46	\$172.71	\$230.44			
\$50,000 - \$59,999	\$55.39	\$146.98	\$205.61	\$274.33			
\$60,000 - \$69,999	\$64.25	\$170.50	\$238.50	\$318.23			
\$70,000 - \$89,999	\$73.12	\$194.02	\$271.40	\$362.12			
\$90,000 - \$109,999	\$77.55	\$205.77	\$287.85	\$384.07			
>= \$110,000	\$81.98	\$217.53	\$304.30	\$406.02			

employee per pay contributions		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
DENTAL United Concordia (Concordia Select) Low Option	Bi-weekly 26 pays	\$9.54	\$19.34	\$31.95
	Semi-monthly 24 pays	\$10.33	\$20.95	\$34.61
	Non-12 month 17 pays	\$14.59	\$29.57	\$48.87
<b>DENTAL</b> United Concordia  (Concordia Choice) <i>High Option</i>	Bi-weekly 26 pays	\$10.49	\$22.02	\$41.03
	Semi-monthly 24 pays	\$11.36	\$23.86	\$44.45
	Non-12 month 17 pays	\$16.04	\$33.68	\$62.75
VISION Vision Benefits of America	Bi-weekly 26 pays	\$1.68	\$3.92	\$5.69
	Semi-monthly 24 pays	\$1.83	\$4.25	\$6.17
	Non-12 month 17 pays	\$2.58	\$5.99	\$8.70