JULY 1, 2017 - JUNE 30, 2018 INSURANCE RATES

MEDICAL: Aetna (PPO)

A I Galanti	El.	Employee +	Employee+	Employee + Spouse		
Annual Salary ↓	Employee	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 Pı	remium - Semi-mon	thly 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
DENTAL 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

Please be advised of the following July 1, 2017 changes:

Medical

 Insurance premium changed due to increase in market, increase in blended employee copremium and implementation of "tilt" – (see "2017 Benefits Update" presentation posted on gateway-campus documents)

Dental – College will subsidize 25% of the cost for employees and 10% of the cost for dependents

Retirement – The unmatched college contribution to retirement remains at 8% of salary. The college is also implementing a match of .25% of salary if employee contributes at least .25% of salary.

Health Care Flexible Spending Account – Full-time employees may contribute up to \$2,600 per year (\$2,550 per year since July 1, 2015), but you should plan your contributions carefully based on predictable medical, prescription drug, dental and vision expenses, because the Internal Revenue Service (IRS) requires that any money left unclaimed in your account at the end of the plan year's "grace period" be forfeited.

REMINDER:

Flexible Spending Accounts: HealthSmart

IRS accounts to set aside pre-tax income to cover anticipated health or dependent expenses that are not covered by insurance.

HEALTH CARE EXPENSE ACCOUNT**	Due to IRS regulations, the maximum amount allowed is \$2,600 to help cover out of pocket health care expenses. Examples of covered expenses include copayments, coinsurance or services not covered under a medical, dental or vision plan. Note: IRS publication 502 governs items that are reimbursable under a health care expense account.
DEPENDENT CARE EXPENSE ACCOUNT**	A \$5,000 maximum or up to the total salary of the lowest paid spouse (whichever is less) covers work related dependent care expenses. <i>Note:</i> IRS publication 503 governs items that are reimbursable under a dependent care expense account.

stst To avoid forfeiture, all claims must be expensed and paid in full by September 15 .

Future Benefits Changes

- Medical Enhanced infertility benefits & Transgender related surgery projected to start in FY20
- **Dental** College will subsidize 50% of the cost for employees and 20% of the cost for dependents by FY19.