JULY 1, 2018 - JUNE 30, 2019 INSURANCE RATES

MEDICAL: Aetna (PPO)

		Employee +	Employee +	Employee + Spouse			
Annual Salary ↓	Employee	Child(ren)	Spouse	+ Child(ren)			
Employee Per Pay Premium - Bi-weekly 26 Pay Cycle							
<\$30,000	\$25.59	\$67.91	\$95.00	\$126.75			
\$30,000 - \$34,999	\$28.03	\$74.38	\$104.05	\$138.83			
\$35,000 - \$39,999	\$31.08	\$82.46	\$115.36	\$153.92			
\$40,000 - \$44,999	\$34.73	\$92.16	\$128.93	\$172.02			
\$45,000 - \$49,999	\$38.39	\$101.87	\$142.50	\$190.13			
\$50,000 - \$59,999	\$45.70	\$121.27	\$169.64	\$226.35			
\$60,000 - \$69,999	\$53.01	\$140.67	\$196.78	\$262.56			
\$70,000 - \$89,999	\$60.33	\$160.08	\$223.93	\$298.78			
\$90,000 - \$109,999	\$63.98	\$169.78	\$237.50	\$316.88			
>= \$110,000	\$67.64	\$179.48	\$251.07	\$334.99			
Employee Per Pay Premium - Semi-monthly 24 Pay Cycle							
<\$30,000	\$27.73	\$73.57	\$102.91	\$137.32			
\$30,000 - \$34,999	\$30.37	\$80.58	\$112.72	\$150.40			
\$35,000 - \$39,999	\$33.67	\$89.34	\$124.97	\$166.74			
\$40,000 - \$44,999	\$37.63	\$99.85	\$139.67	\$186.36			
\$45,000 - \$49,999	\$41.59	\$110.36	\$154.37	\$205.98			
\$50,000 - \$59,999	\$49.51	\$131.38	\$183.78	\$245.21			
\$60,000 - \$69,999	\$57.43	\$152.40	\$213.18	\$284.44			
\$70,000 - \$89,999	\$65.35	\$173.42	\$242.59	\$323.68			
\$90,000 - \$109,999	\$69.31	\$183.93	\$257.29	\$343.29			
>=\$110,000	\$73.28	\$194.44	\$271.99	\$362.91			
Employee Per Pay Premium - Non-12 month 17 Pays							
<\$30,000	\$39.14	\$103.86	\$145.29	\$193.86			
\$30,000 - \$34,999	\$42.87	\$113.76	\$159.13	\$212.32			
\$35,000 - \$39,999	\$47.53	\$126.12	\$176.43	\$235.40			
\$40,000 - \$44,999	\$53.12	\$140.96	\$197.18	\$263.09			
\$45,000 - \$49,999	\$58.71	\$155.80	\$217.94	\$290.79			
\$50,000 - \$59,999	\$69.90	\$185.47	\$259.45	\$346.18			
\$60,000 - \$69,999	\$81.08	\$215.15	\$300.96	\$401.56			
\$70,000 - \$89,999	\$92.26	\$244.82	\$342.48	\$456.95			
\$90,000 - \$109,999	\$97.86	\$259.66	\$363.23	\$484.65			
>= \$110,000	\$103.45	\$274.50	\$383.99	\$512.34			

employee per pay contributions		Employee (EE)	EE + Spouse or EE + Child	EE + Spouse + Child(ren) or EE + Children
DENTAL United Concordia 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 High Option	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	\$1.41	\$3.29	\$4.78
	Semi-monthly 24 pays	\$1.53	\$3.56	\$5.18
	Non-12 month 17 pays	\$2.16	\$5.03	\$7.31