

# Per Pay Period Premium Healthcare



## Full-Time Active Employees

Plan	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period <sup>1</sup>
Cigna High Deductible Health Plan	Employee	786.46	69.02	31.86
	Employee + Spouse	1534.12	95.10	43.89
	Employee + Child(ren)	1259.44	83.34	38.46
	Employee + Family	2007.86	130.08	60.04
Cigna HMO	Employee	804.98	86.80	40.06
	Employee + Spouse	1571.72	177.66	82.0
	Employee + Child(ren)	1290.02	138.96	64.14
	Employee + Family	2057.52	247.56	114.26
UHC High Deductible Health Plan	Employee	786.46	69.02	31.86
	Employee + Spouse	1534.12	95.10	43.89
	Employee + Child(ren)	1259.44	83.34	38.46
	Employee + Family	2007.86	130.08	60.04
UHC PPO	Employee	842.86	113.72	52.49
	Employee + Spouse	1648.58	260.98	120.45
	Employee + Child(ren)	1352.58	214.52	99.01
	Employee + Family	2159.14	367.28	169.51

1. Employees who earn the Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.

# Per Pay Period Premium Healthcare



## Part-Time Active Employees

Plan	Tier	EMPLOYER Premium Monthly	EMPLOYEE Premium Monthly	EMPLOYEE Premium Per Pay Period <sup>1</sup>
Cigna High Deductible Health Plan	Employee	786.46	427.74	197.42
	Employee + Spouse	1534.12	814.60	375.97
	Employee + Child(ren)	1259.44	671.38	309.87
	Employee + Family	2007.86	1068.96	493.37
Cigna HMO	Employee	804.98	445.88	205.79
	Employee + Spouse	1571.72	874.68	403.70
	Employee + Child(ren)	1290.02	714.48	329.76
	Employee + Family	2057.52	1152.54	531.94
UHC High Deductible Health Plan	Employee	786.46	427.74	197.42
	Employee + Spouse	1534.12	814.60	375.97
	Employee + Child(ren)	1259.44	671.38	309.87
	Employee + Family	2007.86	1068.96	493.37
UHC PPO	Employee	842.86	478.28	220.74
	Employee + Spouse	1648.58	954.78	440.67
	Employee + Child(ren)	1352.58	783.54	361.63
	Employee + Family	2159.14	1263.22	583.02

1. Employees who earn the Wellness Incentive will receive a \$30.00 credit toward their medical premium per pay period.
2. Part-time hours are 20 to 29.99 per week.

# 2021-2022 Per Pay Period Premium Vision and Dental



## Vision

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period <sup>1</sup>	Full-Time Active EMPLOYER Premium Per Pay Period
EyeMed	Employee	1.87	0.61
	Employee + Spouse	3.67	1.34
	Employee + Child(ren)	3.54	1.01
	Employee + Family	5.47	1.80

1. Part-time hours are 20 to 29.99 per week.

## Dental

Plan	Tier	Part-Time Active EMPLOYEE Premium Per Pay Period <sup>1</sup>	Full-Time Active EMPLOYER Premium Per Pay Period
Cigna Prepaid (DHMO)	Employee	3.33	2.19
	Employee + Spouse	5.85	4.13
	Employee + Child(ren)	7.94	5.37
	Employee + Family	9.27	6.18
Cigna (PPO)	Employee	13.14	8.28
	Employee + Spouse	28.91	18.22
	Employee + Child(ren)	31.27	19.71
	Employee + Family	40.15	25.30
Delta (PPO)	Employee	14.51	10.35
	Employee + Spouse	31.99	22.80
	Employee + Child(ren)	34.62	24.68
	Employee + Family	44.55	31.81

# July 1, 2022 Per Month Rates Life Insurance



	Rate/ \$1,000 Coverage
Additional Accidental Death and Dismemberment - Employee	0.020
Additional Accidental Death and Dismemberment - Family	0.035
Dependent Child Life (can elect in increments of \$5,000 up to \$20,000)	0.100

Additional Employee and Spouse Life (Spouse coverage may be elected in \$10,000 increments up to a maximum of \$100,000 and cannot exceed an employee's total life insurance amount.)	Non-Tobacco User	Tobacco User
<b>Age Bands</b>		
Under 25	0.029	0.047
25-29	0.035	0.051
30-34	0.046	0.058
35-39	0.051	0.099
40-44	0.067	0.141
45-49	0.109	0.280
50-54	0.167	0.516
55-59	0.284	0.526
60-64	0.480	0.815
65-69	0.692	0.997
70 and older	1.281	1.638

## Formula to Estimate Additional Life Insurance Premium

$$\frac{\text{Rate}}{\text{Coverage Amount}} \times \frac{\text{Coverage Amount}}{2,167} = \text{Per Pay Period Premium}$$

## Example: Employee Additional Life 3x | Age 36 | Non-Tobacco User | Annual Base Salary = \$45,900

$$\frac{.051}{\text{Rate}} \times \frac{\$138,000}{\text{Coverage Amount}} \div \frac{2,167}{\text{Rate}} = \$3.25 \text{ Per Pay Period Premium}$$

(For Employee - Annual Base Salary rounded to the nearest \$1,000 multiplied by 1-5x)

## Short-Term Disability

Short-Term Disability Coverage - Employee Only	Multiplier x Annual Base Salary / 26 Pay Periods
40%	0.0018
50%	0.0029
60%	0.0055

## Short-Term Disability Examples:

Comparison of Short-Term Disability Premium at Various Salary Levels			
Annual Base Salary	Per Pay Period Premium Short-Term 40%	Per Pay Period Premium Short-Term 50%	Per Pay Period Premium Short-Term 60%
25,106	1.74	2.80	5.31
40,503	2.80	4.52	8.57
50,336	3.48	5.61	10.65
61,922	4.29	6.91	13.10
73,923	5.12	8.25	15.64
115,981	8.03	12.94	24.53

## Group Legal Plan

Other Services	Employee Premium Per Pay Period
MetLife Legal	7.27

## Pet Insurance

Plans	Pricing
Pets Best Pet Health Insurance (\$250 deductible, 90% reimbursement)	Get a personalized quote at 800.891.2565
Pet Assure Veterinary Discount Plan	\$8/month single pet; \$11/month all pets
PetPlus Prescription Savings Plan	\$3.75/single cat or dog; \$7.50/month all cats or dogs