

July 1, 2017 Health Contributions for Payroll

Code	Coverage	Cycle	Employee Share	County Share
2414	POS1 Employee	B	52.32	237.46
2415	POS 1 EE/Children	B	106.20	435.48
2416	POS1 EE/Family	B	174.73	674.79
2417	POS 1 EE/Spouse	B	131.85	465.79
2418	POS – County Administrator	B	0	597.64
2438	HDHP Employee	B	25.40	234.01
2439	HDHP EE/Child	B	65.81	418.57
2440	HDHP EE/Spouse	B	91.46	442.93
2441	HDHP EE/Family	B	120.89	638.47
2500	Dental Employee	B	3.92	9.91
2501	Dental EE/Children	B	7.11	27.49
2502	Dental EE/Spouse	B	9.88	20.70
2505	Dental EE/Family	B	13.10	31.06
2506	Dental – Co Administrator	B	0	30.58
2550	Vision Employee	B	0.54	1.25
2551	Vision EE/Children	B	0.97	2.26
2552	Vision EE/Spouse	B	1.35	3.15
2555	Vision EE/Family	B	1.79	4.17
2556	Vision - Co Administrator	B	0	4.50
9000	Long Term Disability (LTD)	B		.23/100
9001	Short Term Disability (STD) 90 days	B		.16/1,000
9002	Short Term Disability (STD) 45 days	B		.33/1,000
8905	Voluntary Life	B	age rated	
	MONTHLY			
2464	POS 1 Employee	M	113.37	514.49
2465	POS 1 EE/Children	M	230.09	943.54

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2466	POS 1 EE/Family	M	378.59	1462.03
2467	POS 1 EE/Spouse	M	285.67	1009.21
2478	HDHP Employee	M	55.04	507.01
2479	HDHP EE/Child	M	142.59	906.90
2481	HDHP EE/Spouse	M	198.17	959.67
2482	HDHP EE/Family	M	261.92	1383.36
2520	Dental Employee	M	8.50	21.47
2521	Dental EE/Children	M	15.40	59.56
2522	Dental EE/Spouse	M	21.41	44.85
2525	Dental EE/Family	M	28.38	67.29
2560	Vision Employee	M	1.16	2.71
2561	Vision EE/Children	M	2.10	4.91
2562	Vision EE/Spouse	M	2.92	6.82
2565	Vision EE/Family	M	3.87	9.04
8906	Voluntary Life	M	age rated	
8907	Voluntary Life – Spouse (max 50% of employee)	M	age rated	
8908	Voluntary Life – Children \$1,000, \$5,000 or \$10,000	M	\$0.18/\$0.90 or \$1.80	