

MEDICAL PLANS

Benefits By Choice 2014 Price List

Note: Deductions will be adjusted accordingly based on your pay cycle.

	EMIPLOTEE PRE-TAX COST				
	TOBACCO		ΝΟΝ-ΤΟΒΑССΟ Δ		
	Bi-Weekly	Monthly	Bi-Weekly	Monthly	
Basic	\$ 27.69	\$ 60.00	Free	Free	
Choice Savings	\$ 73.85	\$160.00	\$ 41.54	\$ 90.00	
Premier	\$133.85	\$290.00	\$106.15	\$230.00	
Basic	\$ 48.46*	\$105.00*	Free*	Free*	
Choice Savings	\$136.15*	\$295.00*	\$ 96.92*	\$210.00*	
Premier	\$258.46*	\$560.00*	\$219.23*	\$475.00*	
Basic	\$ 62.31*	\$135.00*	Free*	Free*	
Choice Savings	\$191.54*	\$415.00*	\$138.46*	\$300.00*	
Premier	\$360.00*	\$780.00*	\$320.77*	\$695.00*	
	Choice Savings Premier Basic Choice Savings Premier Basic Choice Savings	BasicBi-WeeklyBasic\$ 27.69Choice Savings\$ 73.85Premier\$133.85Basic\$ 48.46*Choice Savings\$136.15*Premier\$258.46*Basic\$ 62.31*Choice Savings\$191.54*	T O B A C C O Bi-Weekly Monthly Basic \$ 27.69 \$ 60.00 Choice Savings \$ 73.85 \$160.00 Premier \$133.85 \$290.00 Basic \$ 48.46* \$105.00* Choice Savings \$136.15* \$295.00* Premier \$258.46* \$560.00* Basic \$ 62.31* \$135.00* Choice Savings \$191.54* \$415.00*	TOBACCO NON-TOP Bi-Weekly Monthly Bi-Weekly Basic \$ 27.69 \$ 60.00 F r e e Choice Savings \$ 73.85 \$160.00 \$ 41.54 Premier \$133.85 \$290.00 \$106.15 Basic \$ 48.46* \$105.00* F r e e * Choice Savings \$136.15* \$295.00* \$ 96.92* Premier \$258.46* \$560.00* \$ 219.23* Basic \$ 62.31* \$135.00* F r e e * Choice Savings \$191.54* \$415.00* \$ 138.46*	

Spouse Affidavit, included in your online benefits enrollment. See the "Employee Benefits Guide" for details.
A Non-tobacco discount must be re-elected each year. To apply for this discount, please agree to the pon-tobacco statement when

^A <u>Non-tobacco discount must be re-elected each year.</u> To apply for this discount, please agree to the non-tobacco statement when completing your online benefits enrollment.

DENTAL PLANS				EMPLO	EMPLOYEE PRE-TAX COST		
Employee Only	Standard Premier			Bi-Weekly \$ 1.56 \$ 7.50	5	Monthly \$ 3.38 \$16.26	
Employee + One	Standard Premier			\$ 3.34 \$16.05		\$ 7.23 \$34.78	
Family	nily Standard Premier		\$ 5.49 \$28.96	\$11.89 \$62.75			
VISION PLAN					EMPLOYEE PRE-TAX COST		
mployee Only mployee + One amily			Bi-Weekly \$2.40 \$4.90 \$8.04	Monthly \$ 5.21 \$10.62 \$17.42			
SUPPLEMENTAL			4) + 12)	\$20.22 core benefit =	EMPLOYEE AFT	ER TAX COST	
		+ 12} - \$20.22 = \$		\$20.22 core benefit =	\$	monthly	
Long-term: (M	,	it Salary x \$0.1			\$	monthly	
SUPPLEMENTAL	LIFE & DEF	PENDENT LIFE			EMPLOYEE AFT	ER TAX COST	
Employee per \$1,	byee Rate Spouse Rate \$1,000 per \$1,000		Child Rate per \$1,000				
Age < 30	\$0.17	Age < 30	\$0.14	\$0.20			
Age 30 – 39	\$0.23	Age 30 – 39	\$0.20		Self: \$	monthly	
Age 40 – 49	\$0.35	Age 40 – 49	\$0.32	Formula:			
Age 50 – 59	\$0.69	Age 50 – 59	\$0.66	<u>Rate x Election</u> = \$1,000			
Age 60 – 64	\$1.15	Age 60 – 64	\$1.12	E	Spouse: \$	monthly	
Age 65 – 69	\$1.85	Age 65 – 69	\$1.82	Example: \$0.35 x \$50,000 = \$17.50			
Age 70 +	\$2.99	Age 70 +	\$2.96	\$1,000	Child: \$	monthly	
Employee Maximum: Spouse Maximum: \$ Children Maximum: \$	5,000 increments \$2,000 incremen	ents up to 5x annu s up to ½ of employ ts up to ½ of emplo	/ee's supp. am	\$500,000). iount (max. \$250,000). nount (max. \$10,000).			
FLEXIBLE SPEN					EMPLOYEE P	RE-TAX COST	
Health C Me co	are: (minimum embers enrolled mpany funded F	\$100; maximum \$2 in the Choice Savir	2,500) ngs medical pla loyee Benefits	monthly contribution an will be automatically enrolled in a Guide for details. Any personal	\$	monthly	
				\$2,500 if married but filing separate	ely) \$		