

# 2019 Price List (Full-Time)

MEDICAL PLANS		EMPLOYEE PRE-TAX COST			
		Tobacco		Non-Tobacco <sup>Δ</sup>	
		Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee Only*	Light	\$19.38	\$42.00	Free	Free
	Basic	\$45.69	\$99.00	\$27.69	\$60.00
	Choice Savings	\$97.85	\$212.00	\$60.00	\$130.00
	Premier	\$163.85	\$355.00	\$133.85	\$290.00
Employee + One*	Light	\$37.85	\$82.00	\$18.46	\$40.00
	Basic	\$80.77	\$175.00	\$48.46	\$105.00
	Choice Savings	\$175.38	\$380.00	\$122.31	\$265.00
	Premier	\$311.54	\$675.00	\$274.62	\$595.00
Family*	Light	\$51.69	\$112.00	\$32.31	\$70.00
	Basic	\$97.85	\$212.00	\$64.62	\$140.00
	Choice Savings	\$242.31	\$525.00	\$180.00	\$390.00
	Premier	\$420.00	\$910.00	\$387.69	\$840.00

\* **New York State Surcharge:** Employees with a New York state residence will be subject to a surcharge of \$10 Employee Only/\$15 Employee + One/\$20 Family added to their monthly medical premium. See *Glossary of Terms* for more information.

Δ **Non-tobacco discount must be re-elected each year.** To apply for this discount, please agree to the non-tobacco statement when completing your online benefits enrollment.

DENTAL PLANS		EMPLOYEE PRE-TAX COST	
		Bi-Weekly	Monthly
Employee Only	Standard	\$3.00	\$6.50
	Premier	\$9.69	\$21.00
Employee + One	Standard	\$5.54	\$12.00
	Premier	\$19.38	\$42.00
Family	Standard	\$8.31	\$18.00
	Premier	\$35.54	\$77.00

VISION PLAN		EMPLOYEE PRE-TAX COST	
		Bi-Weekly	Monthly
Employee Only		\$2.81	\$6.09
Employee + One		\$5.87	\$12.71
Family		\$9.19	\$19.91

SUPPLEMENTAL DISABILITY		EMPLOYEE AFTER-TAX COST
<b>Short-term:</b> $\{(Annual\ Benefits\ Salary \times .014) \div 12\} - \$20.22\ core\ benefit =$ Example: $\{(\$37,000 \times .014) \div 12\} - \$20.22 = \$22.95$		\$ _____ monthly
<b>Long-term:</b> $(Monthly\ Benefit\ Salary \times \$0.20) \div 100 =$ Example: $(\$3,083 \times \$0.20) \div 100 = \$6.17$		\$ _____ monthly

SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE			EMPLOYEE AFTER-TAX COST
Employee and Spouse rate per \$1,000		Child rate per \$1,000	
Age < 30	\$0.17	\$0.20	Self: \$ _____ monthly
Age 30 – 39	\$0.23	<b>Formula:</b> $\frac{Rate \times Election}{\$1,000}$  <b>Example:</b> $\frac{\$0.35 \times \$50,000}{\$1,000} = \$17.50\ your\ cost$	
Age 40 – 49	\$0.35		
Age 50 – 59	\$0.69		
Age 60 – 64	\$1.15		
Age 65 – 69	\$1.85		
Age 70 +	\$2.99		
<b>Employee Maximum:</b> \$10,000 increments up to 5x annual wages (max. \$500,000). <b>Spouse Maximum:</b> \$5,000 increments up to ½ of employee's supp. amount (max. \$250,000). <b>Children Maximum:</b> \$2,000 increments up to ½ of employee's supp. amount (max. \$10,000).			Child: \$ _____ monthly

FLEXIBLE SPENDING ACCOUNTS		EMPLOYEE PRE-TAX COST
<b>Formula:</b> Annual pledge ÷ months remaining in year = monthly contribution		
<b>Health Care:</b> (minimum \$100; max \$2,650) Members enrolled in the Choice Savings medical plan will be automatically enrolled in a flex account. See your Employee Benefits Guide for details. Any personal elections will be added to your Ruan contribution.		\$ _____ monthly
<b>Dependent Care:</b> (minimum \$100; maximum \$5,000 or \$2,500 if married but filing separately)		\$ _____ monthly

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

# 2019 Price List (Part-Time)

MEDICAL PLANS	EMPLOYEE PRE-TAX COST	
	Bi-Weekly	Monthly
Employee Only* Light Plan	\$46.15	\$100.00
Employee + One* Light Plan	\$92.31	\$200.00
Family* Light Plan	\$184.62	\$400.00

\* **New York State Surcharge:** Employees with a New York state residence will be subject to a surcharge of \$10 Employee Only/\$15 Employee + One/\$20 Family added to their monthly medical premium. *See Glossary of Terms for more information.*

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