

2021 Price List (Full-Time)

MEDICAL PLANS		EMPLOYEE PRE-TAX COST			
		Tobacco		Non-Tobacco ^Δ	
		Weekly	Bi-Weekly	Weekly	Bi-Weekly
Light	Single	\$12.00	\$24.00	\$3.46	\$6.92
	Employee + Spouse	\$23.77	\$47.54	\$16.62	\$33.23
	Employee + Child(ren)	\$23.54	\$47.08	\$16.38	\$32.77
	Family	\$30.92	\$61.85	\$22.62	\$45.23
Basic	Single	\$28.85	\$57.69	\$19.62	\$39.23
	Employee + Spouse	\$51.46	\$102.92	\$37.62	\$75.23
	Employee + Child(ren)	\$50.77	\$101.54	\$36.92	\$73.85
	Family	\$65.31	\$130.62	\$49.85	\$99.69
Choice Savings	Single	\$52.15	\$104.31	\$33.69	\$67.38
	Employee + Spouse	\$96.92	\$193.85	\$70.85	\$141.69
	Employee + Child(ren)	\$95.77	\$191.54	\$69.69	\$139.38
	Family	\$130.38	\$260.77	\$104.08	\$208.15
Premier	Single	\$94.15	\$188.31	\$80.31	\$160.62
	Employee + Spouse	\$181.62	\$363.23	\$163.15	\$326.31
	Employee + Child(ren)	\$162.23	\$324.46	\$147.00	\$294.00
	Family	\$257.08	\$514.15	\$238.62	\$477.23

* **New York State Surcharge:** Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$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	
		Weekly	Bi-Weekly
Standard	Single	\$1.62	\$3.23
	Employee + Spouse	\$3.35	\$6.69
	Employee + Child(ren)	\$3.92	\$7.85
	Family	\$5.71	\$11.42
Premier	Single	\$5.12	\$10.24
	Employee & Spouse	\$10.15	\$20.31
	Employee + Child(ren)	\$11.52	\$23.03
	Family	\$18.71	\$37.42

VISION PLAN		EMPLOYEE PRE-TAX COST	
		Weekly	Bi-Weekly
Single		\$1.62	\$3.23
Employee + Spouse		\$3.00	\$6.00
Employee + Child(ren)		\$3.46	\$6.92
Family		\$4.62	\$9.23

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

2021 Price List (Full-Time) Continued

SUPPLEMENTAL DISABILITY			EMPLOYEE AFTER-TAX COST
Short-term: $\{(Annual\ Benefits\ Salary \times .014) \div 12\} - \$20.22\ core\ benefit =$ <i>Example: $\{(\\$52,000 \times .014) \div 12\} - \\$20.22 = \\$40.45$</i>			\$ _____ monthly
Long-term: $(Monthly\ Benefit\ Salary \times \$0.23) \div 100 =$ <i>Example: $(\\$4,333 \times \\$0.23) \div 100 = \\$9.97$</i>			\$ _____ monthly
SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE			EMPLOYEE AFTER-TAX COST
Employee and Spouse rate per \$1,000		Child rate per \$1,000	Self: \$ _____ monthly Spouse: \$ _____ monthly Child: \$ _____ monthly
Age < 30	\$0.17	\$0.20	
Age 30 – 39	\$0.23	Formula: $Rate \times Election =$ \$1,000	
Age 40 – 49	\$0.35		
Age 50 – 59	\$0.69	Example: $\$0.35 \times \$50,000 =$ \$1,000 \$17.50 your cost	
Age 60 – 64	\$1.15		
Age 65 – 69	\$1.85		
Age 70 +	\$2.99		
Employee Maximum: \$10,000 increments up to 5x annual wages (max. \$500,000). Spouse Maximum: \$5,000 increments up to ½ of employee's supp. amount (max. \$250,000). Children Maximum: \$2,000 increments up to ½ of employee's supp. amount (max. \$10,000).			
FLEXIBLE SPENDING ACCOUNTS			EMPLOYEE PRE-TAX COST
Formula: Annual pledge ÷ months remaining in year = monthly contribution			
Health Care: (minimum \$100; maximum \$2,750) <i>Members enrolled in the Choice Savings medical plan will be automatically enrolled in an HSA account, which will prevent participation in a Health Care FSA. See your Employee Benefits Guide for details.</i>			\$ _____ monthly
Dependent Care: (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.

2021 Price List (Part-Time)

MEDICAL PLANS	EMPLOYEE PRE-TAX COST	
	Weekly	Bi-Weekly
Single* Light Plan	\$23.08	\$46.15
Employee + Spouse* Light Plan	\$46.15	\$92.31
Employee + Child(ren)* Light Plan	\$46.15	\$92.31
Family* Light Plan	\$92.31	\$184.62
* New York State Surcharge: Employees with a New York state residence will be subject to a surcharge of \$10 Single/\$15 Employee + Spouse/\$15 Employee + Child(ren)/\$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.