

2022 PRICE LIST (FULL-TIME)

| Medical Plans | | Employee Pre-Tax Cost | | | |
|---|-----------------------|-----------------------|-----------|-------------|-----------|
| | | Tobacco | | Non-Tobacco | |
| | | Weekly | Bi-Weekly | Weekly | Bi-Weekly |
| Light | Single | \$12.69 | \$25.38 | \$4.15 | \$8.31 |
| | Employee + Spouse | \$27.92 | \$55.85 | \$20.77 | \$41.54 |
| | Employee + Child(ren) | \$26.00 | \$52.00 | \$18.84 | \$37.68 |
| | Family | \$36.57 | \$73.15 | \$28.27 | \$56.54 |
| Basic | Single | \$30.22 | \$60.44 | \$20.99 | \$41.98 |
| | Employee + Spouse | \$61.98 | \$123.97 | \$45.14 | \$90.28 |
| | Employee + Child(ren) | \$53.35 | \$106.71 | \$39.51 | \$79.02 |
| | Family | \$75.28 | \$150.55 | \$59.82 | \$119.63 |
| 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 | \$188.30 | \$80.31 | \$160.62 |
| | Employee + Spouse | \$186.51 | \$373.03 | \$168.05 | \$336.10 |
| | Employee + Child(ren) | \$166.64 | \$333.28 | \$151.41 | \$302.82 |
| | Family | \$264.24 | \$528.48 | \$245.77 | \$491.55 |
| <p>* 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.</p> <p>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.</p> | | | | | |
| Dental Plans | | Employee Pre-Tax Cost | | | |
| | | Weekly | Bi-Weekly | Weekly | Bi-Weekly |
| Standard | Single | \$1.68 | \$3.36 | | |
| | Employee + Spouse | \$3.48 | \$6.96 | | |
| | Employee + Child(ren) | \$4.08 | \$8.16 | | |
| | Family | \$5.94 | \$11.88 | | |
| Premier | Single | \$5.32 | \$10.65 | | |
| | Employee + Spouse | \$10.56 | \$21.12 | | |
| | Employee + Child(ren) | \$11.98 | \$23.95 | | |
| | Family | \$19.46 | \$38.91 | | |
| Vision Plan | | Employee Pre-Tax Cost | | | |
| | | Weekly | Bi-Weekly | 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.

2022 PRICE LIST (FULL-TIME) CONTINUED

| Supplemental Disability | | Employee After-Tax Cost |
|---|--------|---|
| Short-term: $\{(Annual\ Benefits\ Salary \times .014) \div 12\} - \$20.22\ core\ benefit =$ | | \$ _____ monthly |
| Example: $\{(\$52,000 \times .014) \div 12\} - \$20.22 = \$40.45$ | | \$ _____ monthly |
| Long-term: $(Monthly\ Benefit\ Salary \times \$0.20) \div 100 =$ Example: $(\$4,333 \times \$0.20) \div 100 = \$8.67$ | | |
| Supplemental Life And Dependent Life Insurance | | Employee After-Tax Cost |
| Employee and Spouse rate per \$1,000 | | Self: \$ _____ monthly Spouse: \$ _____ monthly Child: \$ _____ monthly |
| Age < 30 | \$0.16 | |
| Age 30-39 | \$0.21 | |
| Age 40-49 | \$0.32 | |
| Age 50-59 | \$0.62 | |
| Age 60-64 | \$1.04 | |
| Age 65-69 | \$1.67 | |
| Age 70+ | \$2.69 | |
| Child rate per \$1,000 | | |
| | | Formula: $\frac{Rate \times Election}{\$1,000}$ Example: $\frac{\$0.32 \times \$50,000}{\$1,000}$ = \$16.00 your cost |
| 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 | | |
| Healthcare: (minimum \$100; maximum \$2,750) | | |
| Members enrolled in the Choice Savings medical plan will be automatically enrolled in an HSA, which will prevent participation in a Healthcare FSA. See your Employee Benefits Guide for details. | | \$ _____ 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.

2022 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.