

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	
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	
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: $\{(\text{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: $(\text{Monthly Benefit Salary} \times \$0.20) \div 100 =$ 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		Child rate per \$1,000	Self: \$ _____ monthly Spouse: \$ _____ monthly Child: \$ _____ monthly	
Age < 30	\$0.16	\$0.20		
Age 30-39	\$0.21	Formula: <u>Rate x Election</u> \$1,000 Example: <u>$\\$0.32 \times \\$50,000$</u> \$1,000 = \$16.00 your cost		
Age 40-49	\$0.32			
Age 50-59	\$0.62			
Age 60-64	\$1.04			
Age 65-69	\$1.67			
Age 70+	\$2.69			
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: $\text{Annual pledge} \div \text{months remaining in year} = \text{monthly contribution}$				
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.