

2015 Price List (Full-Time)

MEDICAL PLANS		EMPLOYEE PRE-TAX COST			
		Tobacco		Non-Tobacco ^Δ	
		Bi-Weekly	Monthly	Bi-Weekly	Monthly
Employee Only*	Basic	\$30.00	\$65.00	Free	Free
	Choice Savings	\$78.46	\$170.00	\$43.38	\$94.00
	Premier	\$143.08	\$310.00	\$108.46	\$235.00
Employee + One*	Basic	\$53.08	\$115.00	Free	Free
	Choice Savings	\$143.08	\$310.00	\$101.54	\$220.00
	Premier	\$272.31	\$590.00	\$226.15	\$490.00
Family*	Basic	\$66.92	\$145.00	Free	Free
	Choice Savings	\$203.08	\$440.00	\$144.92	\$314.00
	Premier	\$376.15	\$815.00	\$327.69	\$710.00

* **New York State Surcharge:** Employees with a New York state residence will be subject to a surcharge of \$15 Employee Only/\$25 Employee + One/\$30 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	\$1.65	\$3.58
	Premier	\$7.88	\$17.07
Employee + One	Standard	\$3.57	\$7.73
	Premier	\$16.86	\$36.52
Family	Standard	\$5.86	\$12.69
	Premier	\$30.41	\$65.89

VISION PLAN		EMPLOYEE PRE-TAX COST	
		Bi-Weekly	Monthly
Employee Only		\$2.50	\$5.42
Employee + One		\$5.10	\$11.04
Family		\$8.36	\$18.11

SUPPLEMENTAL DISABILITY		EMPLOYEE AFTER-TAX COST
Short-term: $\{(Annual\ Benefits\ Salary \times .014) \div 12\} - \$20.22\ core\ benefit =$ <i>Example: $\{(\\$33,000 \times .014) \div 12\} - \\$20.22 = \\$18.28$</i>		\$ _____ monthly
Long-term: $(Monthly\ Benefit\ Salary \times \$0.17) \div 100 =$ <i>Example: $(\\$2,750 \times \\$0.17) \div 100 = \\$4.68$</i>		\$ _____ monthly

SUPPLEMENTAL LIFE AND DEPENDENT LIFE INSURANCE					EMPLOYEE AFTER-TAX COST
Employee rate per \$1,000	Spouse rate per \$1,000		Child rate per \$1,000		
Age < 30	\$0.17	Age < 30	\$0.14	\$0.20	Self: \$ _____ monthly
Age 30 – 39	\$0.23	Age 30 – 39	\$0.20	Formula: $Rate \times Election =$ $\$1,000$ Example: $\$0.35 \times \$50,000 =$ $\$17.50$ $\$1,000$	
Age 40 – 49	\$0.35	Age 40 – 49	\$0.32		Spouse: \$ _____ monthly
Age 50 – 59	\$0.69	Age 50 – 59	\$0.66		
Age 60 – 64	\$1.15	Age 60 – 64	\$1.12		
Age 65 – 69	\$1.85	Age 65 – 69	\$1.82		
Age 70 +	\$2.99	Age 70 +	\$2.96		Child: \$ _____ monthly

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 \$2,500) <i>Members enrolled in the Choice Savings medical plan will be automatically enrolled in a company funded FSA. See your Employee Benefits Guide for details. Any personal elections will be added to your Ruan contribution.</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.

2015 Price List (Part-Time)

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

* **New York State Surcharge:** Employees with a New York state residence will be subject to a surcharge of \$15 Employee Only/\$25 Employee + One/\$30 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.