

# 2017 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	\$13.85	\$30.00	Free	Free
	Basic	\$39.23	\$85.00	\$18.46	\$40.00
	Choice Savings	\$85.85	\$186.00	\$53.08	\$115.00
	Premier	\$150.00	\$325.00	\$120.00	\$260.00
Employee + One*	Light	\$27.69	\$60.00	\$11.54	\$25.00
	Basic	\$69.23	\$150.00	\$36.92	\$80.00
	Choice Savings	\$157.38	\$341.00	\$111.23	\$241.00
	Premier	\$282.92	\$613.00	\$253.85	\$550.00
Family*	Light	\$41.54	\$90.00	\$23.08	\$50.00
	Basic	\$85.38	\$185.00	\$50.77	\$110.00
	Choice Savings	\$222.46	\$482.00	\$158.77	\$344.00
	Premier	\$389.08	\$843.00	\$360.00	\$780.00

\* **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	\$1.85	\$4.01
	Premier	\$8.54	\$18.50
Employee + One	Standard	\$4.00	\$8.66
	Premier	\$18.23	\$39.50
Family	Standard	\$6.56	\$14.21
	Premier	\$32.89	\$71.26

VISION PLAN		EMPLOYEE PRE-TAX COST	
		Bi-Weekly	Monthly
Employee Only		\$2.75	\$5.96
Employee + One		\$5.75	\$12.45
Family		\$9.00	\$19.50

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; maximum \$2,550) 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.		\$ _____ 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.

# 2017 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 \$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.