



**Employee Benefits Rate Sheet**  
**Effective January 1, 2017**

	Employee Only	Employee Spouse	Employee Children	Family	
Group Medical (per pay period)	Pre tax deduction				
	Standard PPO	\$68.71	\$151.62	\$117.63	\$176.49
	Health Savings Plan	\$24.38	\$43.95	\$31.56	\$49.88
Dental (per pay period)	\$12.02	\$24.74	\$31.30	\$50.36	
Vision (per pay period)	\$2.21	\$4.43	\$4.51	\$6.73	

Short Term Disability (post tax deduction)	Maximum covered weekly salary	\$1,125
	Monthly Premium as a percent of weekly salary	6.266%
Long Term Disability (post tax deduction)	Maximum covered monthly salary	\$6,667
	Monthly Premium as a percent of monthly salary	0.570%

Voluntary Life (monthly post tax premium)	Voluntary Coverage Elected			
	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000
Age				
<25	\$1.10	\$2.20	\$3.30	\$4.40
25-29	\$1.10	\$2.20	\$3.30	\$4.40
30-34	\$1.20	\$2.40	\$3.60	\$4.80
35-39	\$1.50	\$3.00	\$4.50	\$6.00
40-44	\$2.30	\$4.60	\$6.90	\$9.20
45-49	\$3.80	\$7.60	\$11.40	\$15.20
50-54	\$7.30	\$14.60	\$21.90	\$29.20
55-59	\$11.90	\$23.80	\$35.70	\$47.60
60-64	\$14.90	\$29.80	\$44.70	\$59.60
Voluntary AD & D (monthly post tax premium)	Voluntary Coverage Elected			
	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000
	\$0.40	\$0.80	\$1.20	\$1.60