

2020 Medical, Dental, Vision, Life Rates

EE Only							
Band	Wage		Premium	ER Cost	EE/month	EE/pay period	
0	\$7.25	-	\$10.00	\$499.42	\$407.24	\$92.18	\$46.09
1	\$10.01	-	\$12.00	\$499.42	\$372.15	\$127.27	\$63.64
2	\$12.01	-	\$14.00	\$499.42	\$346.72	\$152.70	\$76.35
3	\$14.01	-	\$16.00	\$499.42	\$321.30	\$178.12	\$89.06
4	\$16.01	-	\$18.00	\$499.42	\$295.87	\$203.55	\$101.78
5	More than \$18.01		\$499.42	\$272.55	\$226.87	\$113.44	
EE+Spouse							
Band	Wage		Premium	ER Cost	EE/month	EE/pay period	
0	\$7.25	-	\$10.00	\$987.99	\$407.24	\$580.75	\$290.38
1	\$10.01	-	\$12.00	\$987.99	\$372.15	\$615.84	\$307.92
2	\$12.01	-	\$14.00	\$987.99	\$346.72	\$641.27	\$320.64
3	\$14.01	-	\$16.00	\$987.99	\$321.30	\$666.69	\$333.35
4	\$16.01	-	\$18.00	\$987.99	\$295.87	\$692.12	\$346.06
5	More than \$18.01		\$987.99	\$272.55	\$715.44	\$357.72	
EE+Child(ren)							
Band	Wage		Premium	ER Cost	EE/month	EE/pay period	
0	\$7.25	-	\$10.00	\$800.09	\$407.24	\$392.85	\$196.43
1	\$10.01	-	\$12.00	\$800.09	\$372.15	\$427.94	\$213.97
2	\$12.01	-	\$14.00	\$800.09	\$346.72	\$453.37	\$226.69
3	\$14.01	-	\$16.00	\$800.09	\$321.30	\$478.79	\$239.40
4	\$16.01	-	\$18.00	\$800.09	\$295.87	\$504.22	\$252.11
5	More than \$18.01		\$800.09	\$272.55	\$527.54	\$263.77	
Family							
Band	Wage		Premium	ER Cost	EE/month	EE/pay period	
0	\$7.25	-	\$10.00	\$1,551.72	\$407.24	\$1,144.48	\$572.24
1	\$10.01	-	\$12.00	\$1,551.72	\$372.15	\$1,179.57	\$589.79
2	\$12.01	-	\$14.00	\$1,551.72	\$346.72	\$1,205.00	\$602.50
3	\$14.01	-	\$16.00	\$1,551.72	\$321.30	\$1,230.42	\$615.21
4	\$16.01	-	\$18.00	\$1,551.72	\$295.87	\$1,255.85	\$627.93
5	More than \$18.01		\$1,551.72	\$272.55	\$1,279.17	\$639.59	

Lincoln Financial Dental- Full Time Employees				
	Total Monthly Premium	ER Cost per Month	Cost Per month	Cost per Pay Period
Employee	\$39.14	\$12.00	\$27.14	\$13.57
Employee + Spouse	\$75.23	\$12.00	\$63.23	\$31.62
Employee + Child(ren)	\$95.08	\$24.00	\$71.08	\$35.54
Employee + Family	\$131.55	\$24.00	\$107.55	\$53.78

Lincoln Financial Dental- Part Time Employees		
No ER Contribution	Total Monthly Premium	Cost per Pay Period
Employee	\$39.14	\$19.57
Employee + Spouse	\$75.23	\$37.62
Employee + Child(ren)	\$95.08	\$47.54
Employee + Family	\$131.55	\$65.78

EyeMed Vision		
No ER Contribution	Cost per Month	Cost per Pay Period
Employee	\$5.63	\$2.82
Employee + 1	\$10.70	\$5.35
Employee + 2 or more	\$15.72	\$7.86

Lincoln Financial Voluntary Life	
Employer Paid - 1 yr. Waiting Period for new hires	
Basic Life	\$9.50
Basic AD&D	\$0.90

EE Only					
Band	Wage			EE/month	EE/pay period
0	\$7.25	-	\$10.00	\$92.93	\$46.47
1	\$10.01	-	\$12.00	\$128.31	\$64.15
2	\$12.01	-	\$14.00	\$153.94	\$76.97
3	\$14.01	-	\$16.00	\$179.58	\$89.79
4	\$16.01	-	\$18.00	\$205.22	\$102.61
5	More than \$18.01			\$230.85	\$115.43

EE+Spouse					
Band	Wage			EE/month	EE/pay period
0	\$7.25	-	\$10.00	\$581.50	\$290.75
1	\$10.01	-	\$12.00	\$616.88	\$308.44
2	\$12.01	-	\$14.00	\$642.51	\$321.26
3	\$14.01	-	\$16.00	\$668.15	\$334.08
4	\$16.01	-	\$18.00	\$693.79	\$346.89
5	More than \$18.01			\$719.42	\$359.71

EE+Child(ren)					
Band	Wage			EE/month	EE/pay period
0	\$7.25	-	\$10.00	\$393.60	\$196.80
1	\$10.01	-	\$12.00	\$428.98	\$214.49
2	\$12.01	-	\$14.00	\$454.61	\$227.31
3	\$14.01	-	\$16.00	\$480.25	\$240.13
4	\$16.01	-	\$18.00	\$505.89	\$252.94
5	More than \$18.01			\$531.52	\$265.76

Family					
Band	Wage			EE/month	EE/pay period
0	\$7.25	-	\$10.00	\$1,145.23	\$572.62
1	\$10.01	-	\$12.00	\$1,180.61	\$590.30
2	\$12.01	-	\$14.00	\$1,206.24	\$603.12
3	\$14.01	-	\$16.00	\$1,231.88	\$615.94
4	\$16.01	-	\$18.00	\$1,257.52	\$628.76
5	More than \$18.01			\$1,283.15	\$641.58

Lincoln Financial Dental- Full Time Employees		
	Cost Per month	Cost per Pay Period
Employee	\$27.14	\$13.57
Employee + Spouse	\$63.23	\$31.62
Employee + Child(ren)	\$71.08	\$35.54
Employee + Family	\$107.55	\$53.78

Lincoln Financial Dental- Part Time Employees		
No ER Contribution	Total Monthly Premium	Cost per Pay Period
Employee	\$39.14	\$19.57
Employee + Spouse	\$75.23	\$37.62
Employee + Child(ren)	\$95.08	\$47.54
Employee + Family	\$131.55	\$65.78

EyeMed Vision		
No ER Contribution	Cost per Month	Cost per Pay Period
Employee	\$5.63	\$2.82
Employee + 1	\$10.70	\$5.35
Employee + 2 or more	\$15.72	\$7.86

Lincoln Financial Voluntary Life	
Employer Paid - 1 yr. Waiting Period for new hires	
Basic Life	\$9.50
Basic AD&D	\$0.90

Colonial Life Accident				
No ER Contribution	Plan 1		Plan 2	
	Cost Per month	Cost per Pay Period	Cost Per month	Cost per Pay Period
Employee	\$10.32	\$5.16	\$14.50	\$7.25
Employee + Spouse	\$16.58	\$8.29	\$23.44	\$11.72
Employee + Child(ren)	\$16.82	\$8.41	\$25.12	\$12.56
Employee + Family	\$23.10	\$11.55	\$34.08	\$17.04

Simplan Medical

	Monthly Premium	2% added
Employee	\$499.42	\$509.41
Employee + Spouse	\$987.99	\$1,007.75
Employee + Child(ren)	\$800.09	\$816.09
Employee + Family	\$1,551.72	\$1,582.75

Lincoln Financial Dental

	Monthly Premium	2% added
Employee	\$39.14	\$39.92
Employee + Spouse	\$75.23	\$76.73
Employee + Child(ren)	\$95.08	\$96.98
Employee + Family	\$131.55	\$134.18

EyeMed Vision

	Monthly Premium	2% added
Employee	\$5.63	\$5.74
Employee + 1	\$10.70	\$10.91
Employee + 2 or more	\$15.72	\$16.03