

Employee Payroll Deductions
January 1, 2016
Medical - Dental - Vision

		Monthly Premium	Employer Cost	Employee Cost	Effective 1/1/2016 Semi-Monthly Employee Premium Deduction 24 Pay Deductions
Medical Opt-Out (for those waiving Health coverage)			198.82		99.41
Taxable Cash to employee					
BCBS HMO Plan 59 Div 04 & R04					
	Employee Only	\$ 605.67	\$ 605.67	\$ -	\$ -
	Employee & Child(ren)	\$ 1,114.43	\$ 867.94	\$ 246.49	\$ 123.25
	Employee & Spouse	\$ 1,441.48	\$ 964.57	\$ 476.91	\$ 238.46
	Employee & Family	\$ 1,889.67	\$ 1,227.64	\$ 662.03	\$ 331.02
BCBS HMO Plan 45					
FSA account contribution \$44.76 (Employee Only coverage)					
	Employee Only	\$ 560.91	\$ 605.67	\$ (44.76)	\$ -
	Employee & Child(ren)	\$ 1,032.07	\$ 867.94	\$ 164.13	\$ 82.06
	Employee & Spouse	\$ 1,334.95	\$ 964.57	\$ 370.38	\$ 185.19
	Employee & Family	\$ 1,750.03	\$ 1,227.64	\$ 522.39	\$ 261.20
BCBS HDHP Plan 126/127 Div 02 & 03					
H S A account contribution \$112.54 (Employee Only coverage)					
	Employee Only	\$ 528.96	\$ 641.50	\$ (112.54)	\$ -
	Employee & Child(ren)	\$ 910.09	\$ 867.94	\$ 42.15	\$ 21.08
	Employee & Spouse	\$ 1,177.19	\$ 964.57	\$ 212.62	\$ 106.31
	Employee & Family	\$ 1,543.21	\$ 1,227.64	\$ 315.57	\$ 157.79
BCBS POS Plan 03559 Div 01 & R01					
	Employee Only	\$ 766.54	\$ 712.92	\$ 53.62	\$ 26.81
	Employee & Child(ren)	\$ 1,410.43	\$ 867.94	\$ 542.49	\$ 271.25
	Employee & Spouse	\$ 1,824.37	\$ 964.57	\$ 859.80	\$ 429.90
	Employee & Family	\$ 2,391.60	\$ 1,227.64	\$ 1,163.96	\$ 581.98
Guardian Dental Plan - addition of \$1,500 Orthodontia Benefit					
	Base Plan				
	Employee Only	\$ 20.22	\$ 20.22	\$ -	\$ -
	Employee & Child(ren)	\$ 53.63	\$ 20.22	\$ 33.41	\$ 16.71
	Employee & Spouse	\$ 47.50	\$ 20.22	\$ 27.28	\$ 13.64
	Employee & Family	\$ 81.50	\$ 20.22	\$ 61.28	\$ 30.64

	<u>Buy-up Plan</u>								
	Employee Only	\$	32.85	\$	20.22	\$	12.63	\$	6.32
	Employee & Child(ren)	\$	81.20	\$	20.22	\$	60.98	\$	30.49
	Employee & Spouse	\$	76.96	\$	20.22	\$	56.74	\$	28.37
	Employee & Family	\$	126.39	\$	20.22	\$	106.17	\$	53.09
	VSP - Vision								
	Employee Only	\$	9.34	\$	-	\$	9.34	\$	4.67
	Employee + One	\$	14.94	\$	-	\$	14.94	\$	7.47
	Employee + Child/ren	\$	15.25	\$	-	\$	15.25	\$	7.63
	Employee + Family	\$	24.59	\$	-	\$	24.59	\$	12.30