

**Employee Payroll Deductions**  
**January 1, 2018**  
**Medical - Dental - Vision**

	Monthly Premium	Employer Cost	Employee Cost	Effective 1/1/2018 Semi-Monthly Premium Deduction 24 Pay Deductions
<b>BCBS HMO Plan 59 Div 04 &amp; R04</b>				
Employee Only	\$ 647.54	\$ 647.54	\$ -	\$ -
Employee & Child(ren)	\$ 1,191.47	\$ 865.11	\$ 326.36	\$ 163.18
Employee & Spouse	\$ 1,541.15	\$ 1,004.98	\$ 536.17	\$ 268.08
Employee & Family	\$ 2,020.33	\$ 1,196.66	\$ 823.67	\$ 411.84
<b>BCBS HMO Plan 45 Div 05</b>				
			FSA account contribution \$48.47 (Monthly) (Employee Only coverage)	
Employee Only	\$ 599.07	\$ 647.54	\$ (48.47)	\$ -
Employee & Child(ren)	\$ 1,102.29	\$ 865.11	\$ 237.18	\$ 118.59
Employee & Spouse	\$ 1,425.78	\$ 1,004.98	\$ 420.80	\$ 210.40
Employee & Family	\$ 1,869.09	\$ 1,196.66	\$ 672.43	\$ 336.22
<b>BCBS HDHP Plan 126/127 Div 02 &amp; 03</b>				
			H S A account contribution \$89.60 (Monthly) (Employee Only coverage)	
Employee Only	\$ 557.94	\$ 647.54	\$ (89.60)	\$ -
Employee & Child(ren)	\$ 1,005.05	\$ 865.11	\$ 139.94	\$ 69.97
Employee & Spouse	\$ 1,300.01	\$ 1,004.98	\$ 295.03	\$ 147.51
Employee & Family	\$ 1,704.21	\$ 1,196.66	\$ 507.55	\$ 253.78
<b>BCBS POS Plan 03559 Div 01 &amp; R01</b>				
Employee Only	\$ 774.45	\$ 647.54	\$ 126.91	\$ 63.46
Employee & Child(ren)	\$ 1,424.98	\$ 865.11	\$ 559.87	\$ 279.93
Employee & Spouse	\$ 1,843.18	\$ 1,004.98	\$ 838.20	\$ 419.10
Employee & Family	\$ 2,416.28	\$ 1,196.66	\$ 1,219.62	\$ 609.81
<b>Medical Opt-Out (for those waiving Health coverage)</b>		<b>\$198.82 (Monthly)</b>		<b>24 Pay Periods \$99.41</b>
<b>Guardian Dental Plan</b>				
<u>Base Plan</u>				
Employee Only	\$ 24.46	\$ 24.46	\$ -	\$ -
Employee & Child(ren)	\$ 64.89	\$ 24.46	\$ 40.43	\$ 20.22
Employee & Spouse	\$ 57.48	\$ 24.46	\$ 33.02	\$ 16.51
Employee & Family	\$ 98.62	\$ 24.46	\$ 74.16	\$ 37.08
<u>Buy-up Plan</u>				
Employee Only	\$ 39.75	\$ 24.46	\$ 15.29	\$ 7.65
Employee & Child(ren)	\$ 98.25	\$ 24.46	\$ 73.79	\$ 36.90
Employee & Spouse	\$ 93.13	\$ 24.46	\$ 68.67	\$ 34.34
Employee & Family	\$ 152.93	\$ 24.46	\$ 128.47	\$ 64.24
<b>VSP - Vision</b>				
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