

AFSCME PART TIME RATES

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - Plan 1 3T - With HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	1,350.00	1,350.00	2,700.00	2,700.00	2,700.00	2,700.00
MESSA Non-PAK - Medical	12	599.61	7,195.32	1,347.26	16,167.12	1,676.20	20,114.40
Taxes	12	9.23	110.76	20.77	249.24	25.85	310.20
Total Benefit Cost**			8,656.08		19,116.36		23,124.60
EmployEE Share			4,328.04		9,558.18		11,562.30
12 Mth Employee Monthly Share	12		360.67		796.52		963.53
10 Mth Employee Monthly Share	9		480.89		1,062.02		1,284.70

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - Plan 1 3T - Without HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	0.00	0.00	0.00	0.00	0.00	0.00
MESSA Non-PAK - Medical	12	599.61	7,195.32	1,347.26	16,167.12	1,676.20	20,114.40
Taxes	12	9.23	110.76	20.77	249.24	25.85	310.20
Total Benefit Cost**			7,306.08		16,416.36		20,424.60
EmployEE Share			3,653.04		8,208.18		10,212.30
12 Mth Employee Monthly Share	12		304.42		684.02		851.03
10 Mth Employee Monthly Share	9		405.89		912.02		1,134.70

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - Plan 2 3T 10%- With HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	1,350.00	1,350.00	2,700.00	2,700.00	2,700.00	2,700.00
MESSA Non-PAK - Medical	12	523.70	6,284.40	1,176.45	14,117.40	1,463.65	17,563.80
Taxes	12	8.06	96.72	18.14	217.68	22.57	270.84
Total Benefit Cost**			7,731.12		17,035.08		20,534.64
EmployEE Share			3,865.56		8,517.54		10,267.32
12 Mth Employee Monthly Share	12		322.13		709.80		855.61
10 Mth Employee Monthly Share	9		429.51		946.39		1,140.81

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - Plan 2 3T 10% - Without HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	0.00	0.00	0.00	0.00	0.00	0.00
MESSA Non-PAK - Medical	12	523.70	6,284.40	1,176.45	14,117.40	1,463.65	17,563.80
Taxes	12	8.06	96.72	18.14	217.68	22.57	270.84
Total Benefit Cost**			6,381.12		14,335.08		17,834.64
EmployEE Share			3,190.56		7,167.54		8,917.32
12 Mth Employee Monthly Share	12		265.88		597.30		743.11
10 Mth Employee Monthly Share	9		354.51		796.39		990.81

Delta Dental	12	46.90	562.80	88.70	1,064.40	161.20	1,934.40
Taxes	12	0.00	0.00	0.00	0.00	0.00	0.00
Total Benefit Cost**			562.80		1,064.40		1,934.40
EmployEE Share			562.80		1,064.40		1,934.40
12 Mth Employee Monthly Share	12		46.90		88.70		161.20
10 Mth Employee Monthly Share	9		62.53		118.27		214.93

UHC Vision	12	0.00	0.00	0.00	0.00	0.00	0.00
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