

AFSCME PART TIME RATES

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - ABC1 - With HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	1,300.00	1,300.00	2,600.00	2,600.00	2,600.00	2,600.00
MESSA Non-PAK - Medical	12	522.02	6,264.24	1,172.70	14,072.40	1,458.97	17,507.64
Taxes	12	17.40	208.80	39.08	468.96	48.60	583.20
Total Benefit Cost**			7,773.04		17,141.36		20,690.84
EmployEE Share			3,886.52		8,570.68		10,345.42
12 Mth Employee Monthly Share	12		323.88		714.22		862.12
10 Mth Employee Monthly Share	9		431.84		952.30		1,149.49

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - ABC1 - 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	522.02	6,264.24	1,172.70	14,072.40	1,458.97	17,507.64
Taxes	12	17.40	208.80	39.08	468.96	48.60	583.20
Total Benefit Cost**			6,473.04		14,541.36		18,090.84
EmployEE Share			3,236.52		7,270.68		9,045.42
12 Mth Employee Monthly Share	12		269.71		605.89		753.79
10 Mth Employee Monthly Share	9		359.61		807.85		1,005.05

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - ABC2 - With HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	1,300.00	1,300.00	2,600.00	2,600.00	2,600.00	2,600.00
MESSA Non-PAK - Medical	12	488.65	5,863.80	1,097.59	13,171.08	1,365.50	16,386.00
Taxes	12	17.40	208.80	39.08	468.96	48.60	583.20
Total Benefit Cost**			7,372.60		16,240.04		19,569.20
EmployEE Share			3,686.30		8,120.02		9,784.60
12 Mth Employee Monthly Share	12		307.19		676.67		815.38
10 Mth Employee Monthly Share	9		409.59		902.22		1,087.18

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - ABC2 - 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	488.65	5,863.80	1,097.59	13,171.08	1,365.50	16,386.00
Taxes	12	17.40	208.80	39.08	468.96	48.60	583.20
Total Benefit Cost**			6,072.60		13,640.04		16,969.20
EmployEE Share			3,036.30		6,820.02		8,484.60
12 Mth Employee Monthly Share	12		253.03		568.34		707.05
10 Mth Employee Monthly Share	9		337.37		757.78		942.73

Delta Dental	12	46.52	558.24	92.22	1,106.64	164.44	1,973.28
Taxes	12	0.62	7.44	1.21	14.52	2.15	25.80
Total Benefit Cost**			565.68		1,121.16		1,999.08
EmployEE Share			565.68		1,121.16		1,999.08
12 Mth Employee Monthly Share	12		47.14		93.43		166.59
10 Mth Employee Monthly Share	9		62.85		124.57		222.12

UHC Vision	12	0.00	0.00	0.00	0.00	0.00	0.00
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**MESSA 2016-17 rates are listed, all other rates are estimated and will be updated when information is available.