

AFSCME - Part Time							
Non-PAK - ABC1 - With HSA	Mths	Single		Two-Person		Family	
		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	597.70	7,172.40	1,342.96	16,115.52	1,670.86	20,050.32
Taxes	12	12.87	154.44	28.97	347.64	36.04	432.48
Total Benefit Cost**			8,626.84		19,063.16		23,082.80
EmployEE Share			4,313.42		9,531.58		11,541.40
12 Mth Employee Monthly Share	12		359.45		794.30		961.78
10 Mth Employee Monthly Share	9		479.27		1,059.06		1,282.38

AFSCME - Part Time							
Non-PAK - ABC1 - Without HSA	Mths	Single		Two-Person		Family	
		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	597.70	7,172.40	1,342.96	16,115.52	1,670.86	20,050.32
Taxes	12	12.87	154.44	28.97	347.64	36.04	432.48
Total Benefit Cost**			7,326.84		16,463.16		20,482.80
EmployEE Share			3,663.42		8,231.58		10,241.40
12 Mth Employee Monthly Share	12		305.29		685.97		853.45
10 Mth Employee Monthly Share	9		407.05		914.62		1,137.93

AFSCME - Part Time							
Non-PAK - ABC2 - With HSA	Mths	Single		Two-Person		Family	
		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	559.47	6,713.64	1,256.95	15,083.40	1,563.82	18,765.84
Taxes	12	12.05	144.60	27.11	325.32	33.73	404.76
Total Benefit Cost**			8,158.24		18,008.72		21,770.60
EmployEE Share			4,079.12		9,004.36		10,885.30
12 Mth Employee Monthly Share	12		339.93		750.36		907.11
10 Mth Employee Monthly Share	9		453.24		1,000.48		1,209.48

AFSCME - Part Time							
Non-PAK - ABC2 - Without HSA	Mths	Single		Two-Person		Family	
		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	559.47	6,713.64	1,256.95	15,083.40	1,563.82	18,765.84
Taxes	12	12.05	144.60	27.11	325.32	33.73	404.76
Total Benefit Cost**			6,858.24		15,408.72		19,170.60
EmployEE Share			3,429.12		7,704.36		9,585.30
12 Mth Employee Monthly Share	12		285.76		642.03		798.78
10 Mth Employee Monthly Share	9		381.01		856.04		1,065.03

Delta Dental	12	43.64	523.68	85.61	1,027.32	156.97	1,883.64
Taxes	12	0.74	8.88	1.45	17.40	2.65	31.80
Total Benefit Cost**			532.56		1,044.72		1,915.44
EmployEE Share			532.56		1,044.72		1,915.44
12 Mth Employee Monthly Share	12		44.38		87.06		159.62
10 Mth Employee Monthly Share	9		59.17		116.08		212.83

UHC Vision	12	0.00	0.00	0.00	0.00	0.00	0.00
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**MESSA 2017-18 rates are listed, all other rates are estimated and will be updated when information is available.