

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	1,400.00	1,400.00	2,800.00	2,800.00	2,800.00	2,800.00
MESSA Non-PAK - Medical	12	629.40	7,552.80	1,414.30	16,971.60	1,759.63	21,115.56
Taxes	12	9.71	116.52	21.85	262.20	27.19	326.28
Total Benefit Cost**			9,069.32		20,033.80		24,241.84
EmployEE Share			4,534.66		10,016.90		12,120.92
12 Mth Employee Monthly Share	12		377.89		834.74		1,010.08
10 Mth Employee Monthly Share	9		503.85		1,112.99		1,346.77

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	629.40	7,552.80	1,414.30	16,971.60	1,759.63	21,115.56
Taxes	12	9.71	116.52	21.85	262.20	27.19	326.28
Total Benefit Cost**			7,669.32		17,233.80		21,441.84
EmployEE Share			3,834.66		8,616.90		10,720.92
12 Mth Employee Monthly Share	12		319.56		718.08		893.41
10 Mth Employee Monthly Share	9		426.07		957.43		1,191.21

AFSCME - Part Time		Single		Two-Person		Family	
Non-PAK - Plan 2 3T 10%- With HSA	Mths	Premium	Total	Premium	Total	Premium	Total
HSA	1	1,400.00	1,400.00	2,800.00	2,800.00	2,800.00	2,800.00
MESSA Non-PAK - Medical	12	549.71	6,596.52	1,234.99	14,819.88	1,536.49	18,437.88
Taxes	12	8.48	101.76	19.08	228.96	23.74	284.88
Total Benefit Cost**			8,098.28		17,848.84		21,522.76
EmployEE Share			4,049.14		8,924.42		10,761.38
12 Mth Employee Monthly Share	12		337.43		743.70		896.78
10 Mth Employee Monthly Share	9		449.90		991.60		1,195.71

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	549.71	6,596.52	1,234.99	14,819.88	1,536.49	18,437.88
Taxes	12	8.48	101.76	19.08	228.96	23.74	284.88
Total Benefit Cost**			6,698.28		15,048.84		18,722.76
EmployEE Share			3,349.14		7,524.42		9,361.38
12 Mth Employee Monthly Share	12		279.10		627.04		780.12
10 Mth Employee Monthly Share	9		372.13		836.05		1,040.15

Delta Dental	12	44.57	534.84	85.50	1,026.00	155.69	1,868.28
Taxes	12	0.00	0.00	0.00	0.00	0.00	0.00
Total Benefit Cost**			534.84		1,026.00		1,868.28
EmployEE Share			534.84		1,026.00		1,868.28
12 Mth Employee Monthly Share	12		44.57		85.50		155.69
10 Mth Employee Monthly Share	9		59.43		114.00		207.59

UHC Vision	12	0.00	0.00	0.00	0.00	0.00	0.00
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