

EMPLOYEE CONTRIBUTION SCHEDULE

Active Employees, Plan Year 2018



The semi-monthly payroll deductions listed below apply to Medical, Dental, and Vision coverage in effect from January 1, 2018 through December 31, 2018. The deductions are based on 24 pay checks per year.

Medical Coverage

CIGNA Healthcare Open Access, HIGH Option							
	2018 Employee Semi-Monthly Payroll Deduction	Employer Semi-Monthly	Semi-Monthly Total	Employee Monthly	Employer Monthly	Total Monthly	2017 Employee Semi-Monthly Payroll Deduction
Individual							
30-40 Hours	\$124.15	\$263.82	\$387.97	\$248.30	\$527.64	\$775.94	\$120.38
15-29 Hours	\$256.06	\$131.91	\$387.97	\$512.12	\$263.82	\$775.94	\$248.28
Ind + Spouse							
30-40 Hours	\$293.30	\$521.43	\$814.73	\$586.60	\$1,042.85	\$1,629.45	\$284.39
15-29 Hours	\$554.01	\$260.72	\$814.73	\$1,108.02	\$521.43	\$1,629.45	\$537.18
Ind + Child(ren)							
30-40 Hours	\$265.37	\$471.77	\$737.14	\$530.74	\$943.54	\$1,474.28	\$257.31
15-29 Hours	\$501.25	\$235.89	\$737.14	\$1,002.50	\$471.78	\$1,474.28	\$486.03
Family							
30-40 Hours	\$500.47	\$663.43	\$1,163.90	\$1,000.94	\$1,326.86	\$2,327.80	\$485.27
15-29 Hours	\$832.19	\$331.71	\$1,163.90	\$1,664.38	\$663.42	\$2,327.80	\$806.91

CIGNA Healthcare Open Access, LOW Option							
	2018 Employee Semi-Monthly Payroll Deduction	Employer Semi-Monthly	Semi-Monthly Total	Employee Monthly	Employer Monthly	Total Monthly	2017 Employee Semi-Monthly Payroll Deduction
Individual							
30-40 Hours	\$68.84	\$195.92	\$264.76	\$137.68	\$391.84	\$529.52	\$71.88
15-29 Hours	\$166.80	\$97.96	\$264.76	\$333.60	\$195.92	\$529.52	\$164.30
Ind + Spouse							
30-40 Hours	\$183.47	\$372.52	\$555.99	\$366.94	\$745.04	\$1,111.98	\$177.90
15-29 Hours	\$369.73	\$186.26	\$555.99	\$739.46	\$372.52	\$1,111.98	\$358.50
Ind + Child(ren)							
30-40 Hours	\$166.00	\$337.04	\$503.04	\$332.00	\$674.08	\$1,006.08	\$160.96
15-29 Hours	\$334.52	\$168.52	\$503.04	\$669.04	\$337.04	\$1,006.08	\$324.36
Family							
30-40 Hours	\$301.82	\$492.46	\$794.28	\$603.64	\$984.91	\$1,588.55	\$292.65
15-29 Hours	\$548.05	\$246.23	\$794.28	\$1,096.10	\$492.45	\$1,588.55	\$531.40

Kaiser Permanente HMO							
	2018 Employee Semi-Monthly Payroll Deduction	Employer Semi-Monthly	Semi-Monthly Total	Employee Monthly	Employer Monthly	Total Monthly	2017 Employee Semi-Monthly Payroll Deduction
Individual							
30-40 Hours	\$58.26	\$206.58	\$264.84	\$116.52	\$413.16	\$529.68	\$59.63
15-29 Hours	\$161.55	\$103.29	\$264.84	\$323.10	\$206.58	\$529.68	\$159.45
Ind + Spouse							
30-40 Hours	\$141.16	\$401.76	\$542.92	\$282.32	\$803.51	\$1,085.83	\$143.51
15-29 Hours	\$342.03	\$200.89	\$542.92	\$684.06	\$401.77	\$1,085.83	\$337.51
Ind + Child(ren)							
30-40 Hours	\$127.38	\$362.57	\$489.95	\$254.76	\$725.14	\$979.90	\$129.51
15-29 Hours	\$308.67	\$181.28	\$489.95	\$617.34	\$362.56	\$979.90	\$304.58
Family							
30-40 Hours	\$246.30	\$548.22	\$794.52	\$492.60	\$1,096.43	\$1,589.03	\$248.90
15-29 Hours	\$520.40	\$274.12	\$794.52	\$1,040.80	\$548.23	\$1,589.03	\$513.36

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The semi-monthly payroll deductions listed below apply to Medical, Dental, and Vision coverage in effect from January 1, 2018 through December 31, 2018. The deductions are based on 24 pay checks per year.

Dental Coverage

Delta Dental of Virginia							
	2018 Employee Semi-Monthly Payroll Deduction	Employer Semi-Monthly	Semi-Monthly Total	Employee Monthly	Employer Monthly	Total Monthly	2017 Employee Semi-Monthly Payroll Deduction
Individual							
30-40 Hours	\$14.60	\$7.86	\$22.46	\$29.20	\$15.72	\$44.92	\$14.35
15-29 Hours	\$18.51	\$3.95	\$22.46	\$37.02	\$7.90	\$44.92	\$18.20
Ind + Spouse							
30-40 Hours	\$28.55	\$15.38	\$43.93	\$57.10	\$30.76	\$87.86	\$28.07
15-29 Hours	\$36.20	\$7.73	\$43.93	\$72.40	\$15.46	\$87.86	\$35.59
Ind + Child(ren)							
30-40 Hours	\$29.35	\$15.81	\$45.16	\$58.70	\$31.62	\$90.32	\$28.86
15-29 Hours	\$37.22	\$7.94	\$45.16	\$74.44	\$15.88	\$90.32	\$36.59
Family							
30-40 Hours	\$42.51	\$22.89	\$65.40	\$85.02	\$45.78	\$130.80	\$41.79
15-29 Hours	\$53.90	\$11.50	\$65.40	\$107.80	\$23.00	\$130.80	\$52.99

Vision Coverage

Vision Service Plan (VSP)							
	2018 Employee Semi-Monthly Payroll Deduction	Employer Semi-Monthly	Semi-Monthly Total	Employee Monthly	Employer Monthly	Total Monthly	2017 Employee Semi-Monthly Payroll Deduction
Individual							
30-40 Hours	\$3.58	\$0.00	\$3.58	\$7.16	\$0.00	\$7.16	\$3.58
15-29 Hours	\$3.58	\$0.00	\$3.58	\$7.16	\$0.00	\$7.16	\$3.58
Ind + Spouse							
30-40 Hours	\$5.74	\$0.00	\$5.74	\$11.48	\$0.00	\$11.48	\$5.74
15-29 Hours	\$5.74	\$0.00	\$5.74	\$11.48	\$0.00	\$11.48	\$5.74
Ind + Child(ren)							
30-40 Hours	\$9.24	\$0.00	\$9.24	\$18.47	\$0.00	\$18.47	\$9.24
15-29 Hours	\$9.24	\$0.00	\$9.24	\$18.47	\$0.00	\$18.47	\$9.24
Family							
30-40 Hours	\$9.24	\$0.00	\$9.24	\$18.47	\$0.00	\$18.47	\$9.24
15-29 Hours	\$9.24	\$0.00	\$9.24	\$18.47	\$0.00	\$18.47	\$9.24