

2024 SHARPCHOICE EMPLOYEE COSTS

(Per Pay Period Pre-Tax Contributions & Post-Tax for Domestic Partner*)

MEDICAL COVERAGE (includes vision)

Basic HMO Medical Option				
	Employee Only	Employee + Spouse or Domestic Partner*	Employee + Children	Employee + Family*
Full-Time	\$ 0.00	\$ 79.00	\$ 69.00	\$ 135.50
Part-Time	\$ 49.00	\$ 159.00	\$ 146.00	\$ 225.00

Premium HMO Medical Option				
	Employee Only	Employee + Spouse or Domestic Partner*	Employee + Children	Employee + Family*
Full-Time	\$ 30.00	\$ 120.50	\$ 108.00	\$ 195.00
Part-Time	\$ 79.50	\$ 201.00	\$ 184.00	\$ 285.00

Waive - If you are a FULL-TIME employee (assigned to work 60-80 hours per pay period for benefit purposes) and you waive your medical coverage, you will receive an additional \$20.00 added to your bi-weekly gross earnings.

DENTAL COVERAGE

Basic PPO Dental Option				
	Employee Only	Employee + Spouse or Domestic Partner*	Employee + Children	Employee + Family*
Full-Time	\$ 0.00	\$ 10.80	\$ 11.85	\$ 22.65
Part-Time	\$ 7.20	\$ 18.05	\$ 19.60	\$ 30.90

Premium PPO Dental Option				
	Employee Only	Employee + Spouse or Domestic Partner*	Employee + Children	Employee + Family*
Full-Time	\$ 2.05	\$ 18.55	\$ 19.60	\$ 30.90
Part-Time	\$ 9.25	\$ 25.75	\$ 27.30	\$ 39.15

* Deductions for domestic partner benefits are post-tax and the employer-funded portion of the benefits and/or the benefits for a child of a domestic partner are taxable to the employee on a federal basis.

Please see the back side of this form for employee costs for long term disability insurance, group life and AD&D insurance, and personal accident insurance.

Personal Accident Insurance (Per Pay Period Pre-Tax Contributions)

Personal Accident Insurance (Available to full-time and part-time employees.)

Amount	Individual	Family	Amount	Individual	Family
\$ 20,000	.11	.17	\$200,000	\$1.11	\$1.66
\$ 25,000	.14	.21	\$250,000	\$1.38	\$2.08
\$ 50,000	.28	.42	\$300,000	\$1.66	\$2.49
\$ 75,000	.42	.62	\$350,000*	\$1.94	\$2.91
\$100,000	.55	.83	\$400,000*	\$2.22	\$3.32
\$150,000	.83	1.25	\$500,000*	\$2.77	\$4.15

Table Shows Per Pay Period Rates

Write your pay period personal accident insurance premium here

1 _____

* Not to exceed 10 times salary.

Long Term Disability, Group Life and AD&D Insurance (Per Pay Period Post-Tax Contributions)

Life & Long Term Disability (LTD) premiums are prorated if assigned hours are less than 80 hours per pay period.

Long Term Disability (LTD) (Available to full-time and part-time employees with assigned hours of 40 or more per pay period.)

Basic Coverage (60% coverage, staff, leads, supervisors) (70% coverage, managers and above)	\$0.00 (employer paid)
Supplemental Coverage(staff, leads, supervisors) (additional 6-2/3% coverage)	\$.239 / \$100 of monthly earnings

Table Shows Monthly Rates

Write your pay period LTD premium here

2 _____

Example:

Assume monthly earnings = \$3,500.

1. Take monthly base earnings and divide by 100. ($\$3,500 / 100 = 35$).
2. Multiply the number you calculated in step 1 by .239 ($35 \times .239 = \$8.37$). This is your monthly premium.
3. Multiply the number you calculated in step 2 by 12 months and divide by 26 pay periods ($\$8.37 \times 12 / 26 = \3.86). This is your premium per pay period.

Group Life Insurance & AD&D Insurance (Available to full-time and part-time employees with assigned hours of 40 or more per pay period.)

Basic Life and AD&D Coverage (1 x annual base earnings)	\$0.00 (employer paid)	
Supplemental Coverage (additional 1, 2, 3 or 4 x annual base earnings)	Age	Rate / \$1,000 of Annual Base Earnings
	29 and under	\$.03
	30 - 34	\$.04
	35 - 39	\$.05
	40 - 44	\$.06
	45 - 49	\$.08
	50 - 54	\$.13
	55 - 59	\$.23
	60 - 64	\$.40
65 - 69	\$.75	
70+	\$1.34	

Table Shows Monthly Rates for Suppl. Life and Per Pay Period Rate for Dependent Life

Write your pay period supplemental life premium here

3 _____

Write your pay period dependent life premium here

4 _____

Example:

Assume full-time status and annual base earnings = \$41,600

Assume elected life insurance amount is 3 x salary.

1. Multiply annual base earnings by 3 ($\$41,600 \times 3 = \$124,800$).
2. Round the total up to the next \$1,000 increment. ($\$124,800 = \$125,000$).
3. Find your age bracket in the chart above to determine your monthly rate (age 44 = .06 per \$1,000).
4. Take rounded amount from step 2, divide by 1,000 and multiply this number by your premium rate. ($\$125,000 / 1,000 \times .06 = \$7.49 / \text{month}$). This is your monthly premium.
5. Multiply the monthly premium you calculated in step 4 by 12 months and divide by 26 pay periods. ($\$7.49 \times 12 / 26 = \3.46). This is your premium per pay period.

Dependent Life Insurance / Employee Cost Per Pay Period

	\$5,000	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
Spouse/DP Only	\$0.42	\$0.85	\$2.26	\$4.81	\$7.82	\$11.22
Child(ren)	\$0.23	\$0.46	N/A	N/A	N/A	N/A

Total Pay Period Premiums

Total amount deducted from your paycheck each pay period. ➔

5 _____

* If assigned hours < full-time (80 hours per pay period), benefit will be prorated.

1 + 2 + 3 + 4

2024 GROUP INSURANCE

(Per Pay Period Post-Tax Contributions)

GROUP LEGAL INSURANCE (available to full-time and part-time employees)

Employee Premium				
Enrollment Category	Employee Only	Employee + Spouse or Domestic Partner	Employee + Children	Employee + Family
Basic Plan	\$ 10.04	\$ 10.04	\$ 10.04	\$ 10.04
Plus Parents	\$ 12.81	\$ 12.81	\$ 12.81	\$ 12.81

GROUP ACCIDENT INSURANCE (available to full-time and part-time employees)

Employee Premium				
Enrollment Category	Employee Only	Employee + Spouse or Domestic Partner	Employee + Children	Employee + Family
Low Plan	\$ 2.74	\$ 5.48	\$ 6.25	\$ 7.73
High Plan	\$ 3.86	\$ 7.72	\$ 8.80	\$ 10.89

HOSPITAL INDEMNITY INSURANCE (available to full-time and part-time employees)

Employee Premium				
Enrollment Category	Employee Only	Employee + Spouse or Domestic Partner	Employee + Children	Employee + Family
Low Plan	\$ 5.44	\$ 10.10	\$ 8.84	\$ 13.50
High Plan	\$ 9.36	\$ 17.19	\$ 14.68	\$ 22.51

2024 GROUP INSURANCE

(Per Pay Period Post-Tax Contributions)

CRITICAL ILLNESS INSURANCE (CII)

(available to full-time and part-time employees with assigned hours of 40 or more per pay period)

Bi-Weekly Cost for \$10,000 of Coverage				
Attained Age	Employee Only	Employee + Spouse	Employee + Children	Employee + Spouse and Children
<25	\$ 1.30	\$ 2.50	\$ 2.80	\$ 4.10
25-29	\$ 1.30	\$ 2.70	\$ 2.90	\$ 4.30
30-34	\$ 1.80	\$ 3.60	\$ 3.40	\$ 5.20
35-39	\$ 2.70	\$ 5.40	\$ 4.30	\$ 6.90
40-44	\$ 4.30	\$ 8.40	\$ 5.80	\$ 10.00
45-49	\$ 6.30	\$ 12.70	\$ 7.90	\$ 14.30
50-54	\$ 9.20	\$ 19.00	\$ 10.80	\$ 20.50
55-59	\$ 12.70	\$ 27.10	\$ 14.20	\$ 28.70
60-64	\$ 17.80	\$ 39.50	\$ 19.30	\$ 41.10
65-69	\$ 25.50	\$ 58.40	\$ 27.10	\$ 60.00
70-74	\$ 38.60	\$ 87.00	\$ 40.20	\$ 88.50
75-79	\$ 59.90	\$ 129.70	\$ 61.50	\$ 131.20
80-84	\$ 86.00	\$ 181.30	\$ 87.60	\$ 182.80
85+	\$ 109.80	\$ 229.70	\$ 111.40	\$ 231.20

How to determine your cost:

1. Choose who you want to cover (ex: employee only, employee+ spouse, etc.)
2. Choose your coverage amount (you may select \$10,000, \$20,000 or \$30,000)
3. Find your age bracket in the table above to determine your bi-weekly cost
4. For \$10,000 use the table above (Ex: Age 40 Employee+ Spouse = \$8.40 per pay period)
5. For \$20,000 use the table above and multiply by 2.
6. For \$30,000 use the table above and multiply by 3.