



## 2022 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

ACTIVE FULL-TIME EMPLOYEE MEDICAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	LOW DEDUCTIBLE		HIGH DEDUCTIBLE
EMPLOYEE ONLY	(12) Monthly \$75.00 (24) Bi-Weekly \$37.50		(12) Monthly \$-0- (24) Bi-Weekly \$-0-
EMPLOYEE & SPOUSE	(12) Monthly \$220.00 (24) Bi-Weekly \$110.00		(12) Monthly \$80.00 (24) Bi-Weekly \$40.00
EMPLOYEE & CHILD/CHILDREN	(12) Monthly \$210.00 (24) Bi-Weekly \$105.00		(12) Monthly \$70.00 (24) Bi-Weekly \$35.00
EMPLOYEE & FAMILY	(12) Monthly \$355.00 (24) Bi-Weekly \$177.50		(12) Monthly \$150.00 (24) Bi-Weekly \$75.00

  

ACTIVE FULL-TIME EMPLOYEE DENTAL PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES			
COVERAGE ELECTION	DHMO	PPO LOW PLAN	PPO HIGH PLAN
EMPLOYEE ONLY	(12) Monthly \$12.62 (24) Bi-Weekly \$6.31	(12) Monthly \$20.30 (24) Bi-Weekly \$10.15	(12) Monthly \$58.96 (24) Bi-Weekly \$29.48
EMPLOYEE & 1 DEP	(12) Monthly \$23.97 (24) Bi-Weekly \$11.99	(12) Monthly \$40.32 (24) Bi-Weekly \$20.16	(12) Monthly \$88.70 (24) Bi-Weekly \$44.35
EMPLOYEE & FAMILY	(12) Monthly \$35.95 (24) Bi-Weekly \$17.98	(12) Monthly \$59.55 (24) Bi-Weekly \$29.78	(12) Monthly \$153.68 (24) Bi-Weekly \$76.84

  

ACTIVE FULL-TIME EMPLOYEE VISION PLAN(S) RATES (12) MONTHLY / (24) BI-WEEKLY RATES		
COVERAGE ELECTION	LOW PLAN (12/12/24)	HIGH PLAN (12/12/12)
EMPLOYEE ONLY	(12) Monthly \$6.94 (24) Bi-Weekly \$3.47	(12) Monthly \$9.21 (24) Bi-Weekly \$4.61
EMPLOYEE + FAMILY	(12) Monthly \$17.47 (24) Bi-Weekly \$8.74	(12) Monthly \$20.74 (24) Bi-Weekly \$10.37

  

ACTIVE FULL-TIME EMPLOYEE LIFE INSURANCE RATES (12) MONTHLY / (24) BI-WEEKLY RATES																												
<b>BASIC GROUP TERM LIFE &amp; Accidental Death &amp; Dismemberment</b> (Employer paid) \$20,000. - To age 70 \$13,000. - 35% coverage reduction @ age 70 thru 74 \$10,000. - 50% coverage reduction @ age 75 & older **For eligible full-time employees only**	\$ -0- (Employer Paid)																											
<b>DEPENDENT TERM LIFE / Life Coverage only, no AD&amp;D</b> Spouse-\$2,000      Child- \$1,000	(12) Monthly \$0.62 (24) Bi-Weekly \$0.31																											
<b>OPTIONAL EMPLOYEE TERM GROUP LIFE / Life coverage only, no AD&amp;D</b> <u>Based on age &amp; one (1) or two (2) times annual salary to a \$200,000 Maximum</u> <table style="width: 100%; border-collapse: collapse;"> <tr><td>age 30 and under</td><td>\$ .09</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>31-39</td><td>\$ .14</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>40-45</td><td>\$ .23</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>46-50</td><td>\$ .38</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>51-55</td><td>\$ .61</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>56-60</td><td>\$ .97</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>61-65</td><td>\$1.39</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>66-69</td><td>\$2.29</td><td>Rate X \$1,000 of Salary</td></tr> <tr><td>* 70 +</td><td>\$3.63</td><td>Rate X \$1,000 of Salary</td></tr> </table> * 35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	age 30 and under	\$ .09	Rate X \$1,000 of Salary	31-39	\$ .14	Rate X \$1,000 of Salary	40-45	\$ .23	Rate X \$1,000 of Salary	46-50	\$ .38	Rate X \$1,000 of Salary	51-55	\$ .61	Rate X \$1,000 of Salary	56-60	\$ .97	Rate X \$1,000 of Salary	61-65	\$1.39	Rate X \$1,000 of Salary	66-69	\$2.29	Rate X \$1,000 of Salary	* 70 +	\$3.63	Rate X \$1,000 of Salary	<b>Example:</b>  An employee who is 25 years old who earns \$31,512.00 per year, rounded up to the next \$1,000.00.  One times= \$32,000.00÷ \$1,000.00 = 32 32 x \$.09 = \$2.88 per month.  Two times = \$64,000.00 ÷ \$1,000.00 = 64 64 x \$.09 = \$5.76 per month.
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## 2022 ACTIVE FULL-TIME EMPLOYEE BENEFIT RATES

### ACTIVE FULL-TIME EMPLOYEE I.R.S. SECTION 125 CAFETERIA PLAN PARTICIPATION FEES (12) MONTHLY / (24) BI-WEEKLY RATES

PREMIUM ACCOUNT	(12) Monthly \$0.85 (Employer Paid) (24) Bi-Weekly \$0.43 (Employer Paid)
FLEXIBLE SPENDING ACCOUNT (BENNY CARD)	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT	(12) Monthly \$1.75 (24) Bi-Weekly \$0.88

### I.R.S. SECTION 457 OPTIONAL DEFERRED COMPENSATION PLAN FULL-TIME ACTIVE EMPLOYEES

CONTRIBUTIONS ARE PAID 100% BY THE PARTICIPATING EMPLOYEE THROUGH PAYROLL DEDUCTION ACROSS ALL PAY PERIODS IN THE CALENDAR YEAR

### SHORT TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions

EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
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### LONG TERM DISABILITY Premium based on Salary and the Benefit Period Selected (Post Tax) (12) Monthly & (24) Bi-Weekly Deductions

EE ONLY COVERAGE ELECTION	50% Benefit	60% Benefit	66% Benefit
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### EMPLOYEE ASSISTANCE PROGRAM (ACTIVE FULL-TIME EMPLOYEES AND RETIREES PARTICIPATING IN MEDICAL PLAN)

8 Visits per issue	\$ -0- (Employer Paid)
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### COBRA MEDICAL COVERAGE Effective 1.01.2022 MONTHLY RATES

COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$562.13	\$444.80
EMPLOYEE + SPOUSE	\$1,079.29	\$854.02
SPOUSE ONLY	\$517.16	\$409.22
EMPLOYEE + CHILD/CHILDREN	\$1,326.63	\$1,049.73
CHILD/CHILDREN ONLY	\$764.50	\$604.93
EMPLOYEE + FAMILY	\$1,871.90	\$1,481.19
FAMILY ONLY	\$1,309.77	\$1,036.39

**SEE NEXT PAGE FOR RETIREE MEDICAL PLAN RATES**



## 2022 RETIREE MEDICAL PLAN RATES

<b>RETIREE MEDICAL PLAN RATES (QUALIFIES UNDER 15 OR 25 YR REQUIREMENTS)</b>		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$76.00	\$0-
EMPLOYEE & SPOUSE	\$224.00	\$81.00
EMPLOYEE & CHILD/CHILDREN	\$213.00	\$71.00
EMPLOYEE & FAMILY	\$361.00	\$152.00

<b>RETIREE MEDICAL PLAN RATES (DOES NOT QUALIFY UNDER 15 OR 25 YR REQUIREMENTS)</b>		
MONTHLY RATES		
COVERAGE ELECTION	LOW DEDUCTIBLE	HIGH DEDUCTIBLE
EMPLOYEE ONLY	\$685.00	\$567.00
EMPLOYEE & SPOUSE	\$833.00	\$648.00
EMPLOYEE & CHILD/CHILDREN	\$823.00	\$638.00
EMPLOYEE & FAMILY	\$970.00	\$719.00