



## 2021 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 \$19.33 (24) Bi-Weekly \$9.67	(12) Monthly \$56.15 (24) Bi-Weekly \$28.08
EMPLOYEE & 1 DEP	(12) Monthly \$23.97 (24) Bi-Weekly \$11.99	(12) Monthly \$38.40 (24) Bi-Weekly \$19.20	(12) Monthly \$84.48 (24) Bi-Weekly \$42.24
EMPLOYEE & FAMILY	(12) Monthly \$35.95 (24) Bi-Weekly \$17.98	(12) Monthly \$56.71 (24) Bi-Weekly \$28.36	(12) Monthly \$146.36 (24) Bi-Weekly \$73.18

  

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> 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 * 35% coverage reduction @ age 70 thru 74 and 50% coverage reduction @ age 75 & older	<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.



## 2021 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 1.01.2020 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**



## 2021 RETIREE MEDICAL PLAN RATES

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

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