



Your 2017 Contributions

HEALTH PLANS				
	Employee Only	Employee + Spouse/ Domestic Partner	Employee + Child/ Children	Employee + Family
Medical	Your pre-tax per pay period cost			
CDHP	\$0	\$80	\$68	\$108
In-Network*	\$44	\$121	\$103	\$166
Kaiser HMO (CA only)	\$50	\$129	\$111	\$177
PPO 500	\$68	\$171	\$146	\$251
Medical Plan Surcharges				
Tobacco User Surcharge (if applicable)	\$18.46	\$18.46	\$18.46	\$18.46
Working Spouse/DP Surcharge (if applicable)		\$46.15		\$46.15
Dental				
Dental HMO (Not in MN)	\$4	\$8	\$7	\$11
Dental PPO	\$7	\$13	\$14	\$19
Vision				
VSP	\$1	\$2	\$2	\$4

*Not open to new enrollments.

SUPPLEMENTAL LIFE INSURANCE		
Age as of 1/1/2017	Employee, Spouse/Domestic Partner**	Children
	Your after-tax per pay period cost	
Under 35	\$0.024	Children Up to Age 26: \$0.108 per \$1,000 of coverage
35-39	\$0.030	
40-44	\$0.042	
45-49	\$0.065	
50-54	\$0.102	
55-59	\$0.164	
60-64	\$0.252	
65-69	\$0.461	
70-74	\$0.941	
75+	\$1.900	

**For every \$1,000 of coverage you choose, multiply by the rate shown to determine your per pay period costs.

SUPPLEMENTAL ACCIDENT INSURANCE (AD&D)	
Employee Only	Family
Your after-tax per pay period cost	
\$0.006 per \$1,000	\$0.01 per \$1,000

SUPPLEMENTAL DISABILITY INSURANCE	
Buy-Up STD	Buy-Up LTD
Your pre-tax per pay period cost	
\$0.028 per \$10 of weekly benefit	\$0.0585 per \$100 of covered benefits

METLAW® LEGAL SERVICES
Employee Only
Your after-tax per pay period cost
\$7.62

IDENTITY THEFT PROTECTION	
Employee Only	Family
Your after-tax per pay period cost	
\$5.98	\$10.59