

# Part-Time Employee Premiums

## 2018 Plan Year Benefit Rates

January 1, 2018 - December 31, 2018

### Bi-weekly payroll deduction rates

<b>Medical - Traditional</b>	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
Employee Only	\$163.07	\$188.83	\$208.30
Employee + Spouse	\$385.97	\$411.77	\$417.64
Employee + Child(ren)	\$288.73	\$308.04	\$341.00
Employee + Family	\$484.70	\$517.10	\$590.29

<b>Medical - Liberty</b>	<b>Gold</b>	<b>Silver</b>	<b>Bronze</b>
Employee Only	\$137.34	\$153.94	\$182.40
Employee + Spouse	\$325.08	\$338.24	\$387.14
Employee + Child(ren)	\$243.18	\$253.02	\$286.05
Employee + Family	\$408.24	\$424.76	\$488.79

<b>Dental</b>	<b>Standard</b>	<b>Enhanced</b>	<b>Premier</b>
Employee Only	\$6.51	\$8.42	\$10.71
Employee + Spouse	\$14.25	\$19.07	\$23.93
Employee + Child(ren)	\$15.44	\$21.42	\$26.82
Employee + Family	\$25.70	\$34.56	\$43.36

<b>Vision</b>	<b>Standard</b>	<b>Premier</b>
Employee Only	\$3.78	\$5.05
Employee + Spouse	\$7.38	\$9.85
Employee + Child(ren)	\$7.94	\$14.64
Employee + Family	\$8.43	\$15.55