

2017 - 2018

Ins Code	Ins Name	Cost/Year	ER Ded/MO	ER Ded/Pyck	EE Ded/Pyck	EE Ded/MO	Cost/MO	HRA
FAMILY ALL EMPLOYEES 2017-2018								
			88%			12%		
WEA4F	WEA - 4000 FAMILY FLEX	16,407.60	1203.22	601.61	82.04	164.08	1,367.30	3,600.00
WEA4N	WEA - 4000 FAMILY NON FLEX	16,407.60	1203.22	601.61	82.04	164.08	1,367.30	3,600.00
WEA6F	WEA - 6000 FAMILY FLEX	15,500.64	1136.71	568.36	77.51	155.01	1,291.72	5,400.00
WEA6N	WEA - 6000 FAMILY NON FLEX	15,500.64	1136.71	568.36	77.51	155.01	1,291.72	5,400.00
SINGLE ALL EMPLOYEES 2017-2018								
		Cost/Year	ER Ded/MO	ER Ded/Pyck	EE Ded/Pyck	EE Ded/MO	Cost/MO	
			88%			12%		
WEA2F	WEA - 2000 SINGLE FLEX	7,372.56	540.65	270.33	36.87	73.73	614.38	1,800.00
WEA2N	WEA - 2000 SINGLE NON FLEX	7,372.56	540.65	270.33	36.87	73.73	614.38	1,800.00
WEA3F	WEA - 3000 SINGLE FLEX	6,971.04	511.21	255.61	34.86	69.71	580.92	2,700.00
WEA3N	WEA - 3000 SINGLE NON FLEX	6,971.04	511.21	255.61	34.86	69.71	580.92	2,700.00
METLIFE DENTAL 8/1 TO 7/31								
LIEU HEALTH INSURANCE - \$2500			FAM - 131.50			METLIFE VSP VISION 7/1 TO 6/30		
			SNG - 45.51			FAM - 16.90		
		20 PAYS		24 PAYS	20 PAYS	SNG - 7.86		24 PAYS
4 TIER DRUG PLAN \$0/\$10/\$25/\$50								
		78.90	FAMILY	65.75	10.14	FAMILY	8.45	
	(JULY 1ST TO JUNE 30TH)	27.31	SINGLE	22.76	4.72	SINGLE	3.93	
2017 - 2018								