

Employee Benefits Contribution Sheets
Class 1 - FT STAFF - Pre Tax
 0 Day Waiting Period
Bi-Weekly Payroll Schedule - 24 Deductions
 Benefits Effective First of the Month
 Benefits Effective Through 12/31/2017

Description	Employee	Employee + Child(ren)	Employee + SP / DP	Family
MET LIFE CHOICE PPO				Plan #073619
Employee Cost per Month	\$27.32	\$60.48	\$54.56	\$82.12
Employee Cost per Pay Period	\$13.66	\$30.24	\$27.28	\$41.06
www.metlife.com/mybenefits				
MET LIFE PLATINUM PPO				Plan #073633
Employee Cost per Month	\$46.16	\$102.28	\$92.28	\$138.92
Employee Cost per Pay Period	\$23.08	\$51.14	\$46.14	\$69.46
www.metlife.com/mybenefits				
ECPA VISION CORE				Plan #003043
Employee Cost per Month	\$5.04	\$10.00	\$9.52	\$14.64
Employee Cost per Pay Period	\$2.52	\$5.00	\$4.76	\$7.32
www.eyemedvisioncare.com				
ECPA VISION PLUS				Plan #075780
Employee Cost per Month	\$16.12	\$31.96	\$30.40	\$46.88
Employee Cost per Pay Period	\$8.06	\$15.98	\$15.20	\$23.44
www.eyemedvisioncare.com				
AETL VLI VOL LIFE				Plan #VLI001
WWW.AETNA.COM				
100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.				
AETL SPI SPOUSE LIFE				Plan #SPI001
WWW.AETNA.COM				
100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.				

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AETL CHI CHILD LIFE				Plan #CHI001
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
WWW.AETNA.COM				
METV ACCIDENT HI PLAN				Plan #VAI001
Employee Cost per Month	\$16.00	\$30.52	\$24.00	\$39.36
Employee Cost per Pay Period	\$8.00	\$15.26	\$12.00	\$19.68
www.metlife.com/mybenefits				
METV ACCIDENT LO PLAN				Plan #VAI002
Employee Cost per Month	\$8.48	\$16.00	\$12.72	\$20.64
Employee Cost per Pay Period	\$4.24	\$8.00	\$6.36	\$10.32
www.metlife.com/mybenefits				
METV CRITICAL HI PLAN				Plan #VCI001
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
www.metlife.com/mybenefits				
METV CRITICAL LO PLAN				Plan #VCI002
<i>100% Employee Paid benefit - rate will vary based on factors such as age, salary and amount of coverage.</i>				
www.metlife.com/mybenefits				
METV HOSPITAL HI PLAN				Plan #VHI001
Employee Cost per Month	\$30.52	\$61.68	\$47.04	\$78.84
Employee Cost per Pay Period	\$15.26	\$30.84	\$23.52	\$39.42
www.metlife.com/mybenefits				
METV HOSPITAL LO PLAN				Plan #VHI002
Employee Cost per Month	\$15.20	\$30.68	\$23.40	\$38.84
Employee Cost per Pay Period	\$7.60	\$15.34	\$11.70	\$19.42
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MET LAW LEGAL PLAN				Plan #VLG001
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Employee Cost per Month	\$16.52			
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Employee Cost per Pay Period	\$8.26			
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